080423

HOST Impact On SSPD.

Victims Health Outcomes And “Freemason” / ‘Freemason’ Numbers

Text in red indicates predictions

SECTION	TITLE	PAGE #
0	Executive Summary	1
1	Overview	3
2	Data For Schizophrenia prevalence and incidence measurements.	4
3	Mediating the schizophrenia data - my symptoms insisting on being humans!	7
4	Financial Value Of Impact	11
5	Additional Opportunities For Verification / Validation	12
6	Raw Data (For Estimates Of Impact On asp.Freemasons)	12
7	Background of Schizophrenia Spectrum And Psychosis Disorder	16
8	Risk Factors	18
9	Appendix	22
10	Relevant Necessarily Incomplete References (w/out style)	23-24

NOTE FOR SCOTT - CHECK THESE FOR TESTING PREDICTIONS:
(1) (5) https://www.marketresearchfuture.com/reports/schizophrenia-market-1625
(2) **https://ourworldindata.org/grapher/annual-number-of-deaths-by-cause** (this has all different measures at end of document)

Executive Summary

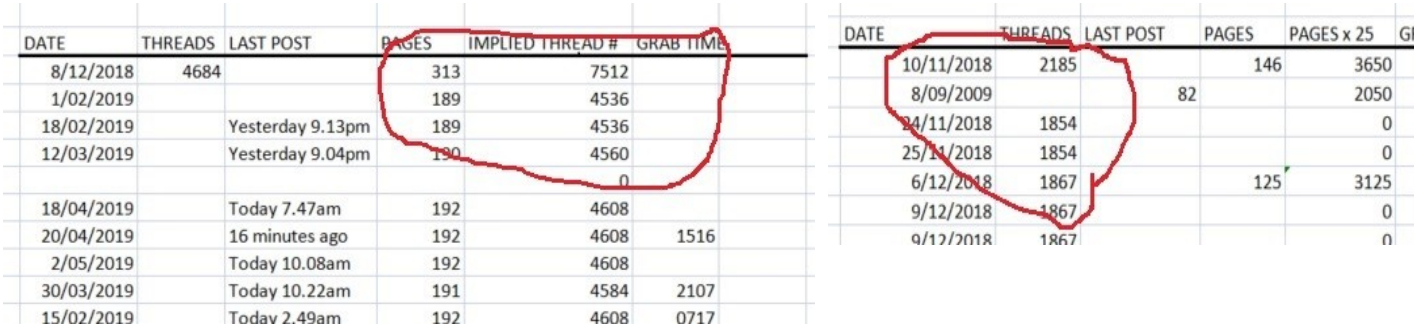
This entire work is ad-hock. It is not scientific. It is not reliable. It is not meant to be. It is somewhat foolish, mostly completed due to persistent claims by human-insisting voices that they are not as I believe (merely anomalies refined by regional neurological processes), but art in fact perpetrators conspirators. I think there is no way they could be conspiring agents, but they insist. This document looks for quantitative correlations and correspondence between their conspiracy world and the real world. If there was no way to defeat their telepathy, and medical scientists refuse to believe that humans could achieve such skills, any correlations would imply that the world was undergoing a “correction”, what my voices call a “global re-set”. I summarise possible “reset” achievement thus: “Are God and Allah telepathic?”

All numeric values in this work are estimates, approximations, and not precise measures.

For years I thought the voices were who they said they are, but now work is just exorcising demons. Context can be obtained from “**The Analect Of Evil**”

In 2018 I encountered unusual web page(s) behaviour, along with unexplained changes in SERPS. I had been contacting mental health forums about meta-analysis of their post and thread data; they never responded. This led me to collecting simple forum meta-data (metrics). I immediately got a strange result, and wrote it up and published seeking peer review. But no-one would reciew the data and anlysis, and then I got hacked, and some (lots) of the data was deleted or stolen. So I collected more metrics.

This evidence from Mental Health Forum shows 39.47% and 15.15% decreases in the number of threads in three weeks. The original data (that was stolen) showed a larger decrease, perhaps exceeding 43%. I have contacted the forum to ask why the numbers had decreased, but they did not reply. I don’t actually believe that humans are telepathic and involved, but I can not escape curiosities in AVH. I think this document is stupid but I had to write it just to see “what if”!



DATE	THREADS	LAST POST	PAGES	IMPLIED THREAD #	GRAB TIME
8/12/2018	4684		313	7512	
1/02/2019			189	4536	
18/02/2019		Yesterday 9.13pm	189	4536	
12/03/2019		Yesterday 9.04pm	190	4560	
				0	
18/04/2019		Today 7.47am	192	4608	
20/04/2019		16 minutes ago	192	4608	1516
2/05/2019		Today 10.08am	192	4608	
30/03/2019		Today 10.22am	191	4584	2107
15/02/2019		Today 2.49am	192	4608	0717

DATE	THREADS	LAST POST	PAGES	PAGES x 25	GI
10/11/2018	2185		146	3650	
8/09/2009			82	2050	
24/11/2018	1854			0	
25/11/2018	1854			0	
6/12/2018	1867		125	3125	
9/12/2018	1867			0	
9/12/2018	1867			0	

Above - Image of Mental Health Forum metrics 2018-2019 (Image 1)

MHF schizophrenia forum

DATE	THREADS	LAST POST	PAGES	IMPLIED THREAD #	GRAB TIME	
10/11/2018	2185		146	2190		
24/11/2018	1854		124	1860		-15.15%
25/11/2018	1854		124	1860		
6/12/2018	1867		125	1875		
8/12/2018	4684		313	4695		
1/02/2019	2835	today at 8.03pm	189	2835		-39.47%
18/02/2019	2835	Yesterday 9.13pm	189	2835		
12/03/2019	2850	Yesterday 9.04pm	190	2850		
30/03/2019	2865	Today 10.22am	191	2865	0717	
18/04/2019	2880	Today 7.47am	192	2880	1516	
20/04/2019	2880	16 minutes ago	192	2880		
2/05/2019	2880	Today 10.08am	192	2880	2107	
15/05/2019	2880	Today 2.49am	192	2880	1602	
7/06/2019	2895	Today 11.32 am	193	2895	1137	
14/06/2019	2910	Today 4.02am	194	2910	2059	
19/06/2019	2910	Yesterday 7.23am	194	2910	1052	

MHF hearing voices forum

DATE	THREADS	LAST POST	PAGES	PAGES x 15	GRAB TIME	
10/11/2018	2185		146	2190		
24/11/2018	1854		124	1860		-15.15%
25/11/2018	1854		124	1860		
6/12/2018	1867		125	1875		
9/12/2018	1867		125	1875		
26/12/2018	1882		126	1890		
6/01/2019	1883		126	1890		
1/02/2019			76	1140		-39.68%
18/02/2019			76	1140		
12/03/2019			77	1155		
30/03/2019			77	1155		
18/04/2019			77	1155		
20/04/2019			78	1170		
2/05/2019			78	1170		
15/05/2019			78	1170		

Above - Image of Mental Health Forum metrics 2018-2019 (Image 2) showing decreases

The adjacent image demonstrates that my VH / AVH are not causally attributable to misattribution or organic brain disease.

All three columns were the result of consistent and simultaneous collection of data points, that corresponded equally across the columns. Each row of data, in each column, was collected at the same time, having no omissions.

Prior to being hacked, each of these columns should have exactly the same row entries of data. These three sets of statistics were collected at the same time, in tandem, without omission, from different forums.

The intention behind the data collection was to statistically test for correspondence or correlation between activity rates of schizophrenics posting testimonials on the mental health forums, and other independent variables.

I can not show this to my psychiatrists, because they refuse to entertain bizarre explanations!

Image of Google metrics WWW data after being hacked (image 3)

For self consideration only. Not for the general public. Any computational results are symbolically possible iff my voices turn out to be humans!

I *could* write lengthy and extensive explanations describing the foundations governing my interpretation of being hacked in this way, that begin with two anomalies in the forum metrics (Image (2)). I decline to write up the data analysis. I decline to publish estimates extrapolating historical behaviour. Also decline to elucidate the *modi operandi* of a potentially decision making disease. They andonymically self-describe as 'Freemasons'.

This document introduces the evidence for a hypothesis of "decision based" schizophrenia. Indicative truth premises: by apprehended cause (infection, quantum neurological physics, magnetic wave resonance etc), a cohort of affected humans lead unacknowledged covert secretive lives, skilled with unrevealed capabilities. These AVH (individuals) insist that they are humans, which is completely impossible. But they "insist". So this document is a succinct quantitative exposition into the data that attempts to discern the impossibility of their claims and behaviors (that result is symptoms of the victim).

SECTION #1 - OVERVIEW

BASED ON (Image 1) (above) that shows "Forum metrics 2018-2019"

Any computational results are symbolically possible iff my voices turn out to be humans!

- Psychotically, I am informed of *my* impact (Not HOST) that since 1991 has had the following empirical milestones:
  - November / December 2018 the Mental Health Forum number of posts decreased substantially over 2 occasions.
  - In February 2020 there was an incident where my estimate of 3,750,000 "killed" was not corrected
  - In March 2018, the US NIMH decreased their schizophrenia statistic from 3.2m to 750,000[(5)]. I found this information whilst writing this report in 2023.

Here are my interpretations of the data:
1) There are 2 decreases in 2018 forum metrics (i & ii below) indicating both a reduction in AVH, and schizophrenia *per se.* This is a transmuted to assume the antecedent cause was a reduction in 'Freemason' (perpetrator) numbers.
2) The incident in 2020 (**Section #6**) is highly uncertain.
3) The NIMH declaration/calculation indicates a change in the ratio of perpetrators to legitimate schizophrenics (not malingerers). This interpretation was because the document referenced (**#5**) the source of the prevalence count.

I. Assuming 4.33 million schizophrenics (https://docdro.id/u7u9t-bC) - the MHF Hearing Voices forum data suggests that I successfully 'treated' ≈ 653,000 (15.1% of 4.3m). 'Treated' means eradicated AVH/VH.
II. Then the MHF Schizophrenia forum followed with a 39.4% (again from 4.3m) reduction (1,706,020 people). Because it was the Schizophrenia forum, I considered them "cured".
III. At initially 25,980,000 'Freemasons' (https://docdro.id/13N2uV7) - I "killed" (their "code word")[* why would one have "code words" + and why these ones?] 54.6% [15.1% + 39.4%]) which is 14,185,000 (**Section #6**). Then possibly but unreliably 3,750,000 more. So I may have "killed" between 14,185,000 and 17,935,000 'Freemasons'.

> Aoccdrnig to a rscheearch at Cmabrigde Uinervtisy, it deosn't mttaer in waht oredr the ltteers in a wrod are, the olny iprmoetnt tihng is taht the frist and lsat ltteer be at the rghit pclae. The rset can be a toatl mses and you can sitll raed it wouthit porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe.

The example (left) demonstrates how data interpretation is approached. The circumstances demand covert availability only, due to the extraordinary liabilities that result from undertaking such secretive behaviour (being a lethal disease, and passing on the capabilities by sexual assault to one (only one traditionally) offspring.

Here is how it occurred. Utilising medians:

WRT schizophrenia

1) Hearing Voices Forum = 15.15% from at least 4,330,000 = 653,830 people now in mamalian silence (their dream come true)

2) Schizophrenia Forum = helped ("cured") 39.4% from at least 4,330,000 = 1,706,020 people "cured" of schizophrenia, saved from suffering hate filled, sadistic assaults.

3) Based on (term 5 (below) or the sum of (1) and (2) above), *my* epidemiological data indicates ≈ 4,330,000 schizophrenics and 25,980,000 'Freemasons' from a 2014 ratio of 6:1 (https://docdro.id/u7u9tbC). This should now (2023) be reduced to 1,970,150 schizophrenics remaining, inferring 8,070,000 to 11,820,000 perpetrators (technically malingerers) working on them.

WRT asp.Freemasons

4) Derived from the above MHF statistics: if at 25,980,000 brethren, I "killed" (their "code word") 54.5% so up to 14,159,100 leaving 11,820,900. Then plus potentially an additional 3.75M, so 17,909,100 asp.Freemasons (meaning aspirational 'Freemasons') aka 'Freemasons') "killed". This leaves between 11,820,900 and 8,070,900 making pornographic video's and assaulting innocent people with schizophrenia.

5) My effectiveness improves commensurate with experience, so now a possible inversion, where the official schizophrenia statistic has taken a fall [(3)], from 1-year prevalence of schizophrenia in adults in the US was 1.92 / 1000 to 2002 (4,330,000) ... when there were 252.1 million adults in the US; increasing to 2018 approximately 2.8 - 3.2 million (2018). This is now reduced to 750,000[(5)] adults (USA)(76.6% reduction) according to the NIMH. This could imply that in the US perhaps more than 2,362,015 lives have been saved, successfully now living without interference to their anatomy, in comprehensive peaceful silence. However, based on the report (Section 6 (5)) it infers a change in the ratio of perpetrators to schizophrenics, from 6:1 to 4:1. This will be checked using the forums.

In Australia:

NO RECENT STUDIES FOUND

SANE: schizophrenia afflicts 2.4 per 1,000 people = 62,400
WHO: 2019 prevalence in Australia = 0.47% = 122,000
2009: 4 per 1,000 = 104,000
2014: 3.1 per 1,000 = 80,600
My reduction extrapolated: 54.7% reduction in Australia
= 54.7% of (in 2010) 250,000 (https://docdro.id/u7u9tbC) = 136,750
= 54.7% of (in 2014) 104,000 (https://docdro.id/NHUAEVj) = 56,888

= 54.7% of (in 2019) 122,000 (https://docdro.id/nJCURKq) = 66,734

NOTES #

(*) But 'Freemasons' participate necessarily (because of their afflictions), under coercion, under duress, due to peer pressure, because of extortion, as sociopaths, & therefore having diminished responsibility. My voices indicate, that having the ability to view across distances (Km) as they do, substantially impacts their lives. They can not drive motor vehicles. The become dyslexic. They succumb to anti-social personality disorder (APD), being sociopathy, prohibiting work. These things necessarily result in welfare dependence, so they rely on attempting to rob schizophrenics for extra income. So once "killed" (one of their "code words"), a proportion (an uncertain number) will immediately return (continue) to cause schizophrenia and the ensuing violence. This section is followed in "Sub-Section 3" *et seq.*

As a result of this necessity and their boredom with the world, it seems justified to use the proportion of real US Freemasons, to the unofficial aspirational 'Freemasons" = 6.5m real Freemasons as a proportion of 25,980,000 asp.Freemasons = 25.02%
This is commensurate with the median inverse proportion of remaining schizophrenics.

(*2) insufficient data to infer whether my impact is "curing" schizophrenia [which means no more psychopharmacology] or "treating" schizophrenia (1 symptom), which means no more voices and or tactile somatosensory pain).

Impossible You Say. Here's how the above data is derived as a function of "the rules" (now out of fashion):

My initial 2008-2010 'informed' epidemiology suggested 4,330,000 lifetime prevalence cases of schizophrenia in the English speaking world (**https://docdro.id/u7u9tbC**)
My pessimistic 2016-2018 'informed' revised epidemiology suggested 1,472,000 lifetime prevalence cases of schizophrenia in the English speaking world (**https://docdro.id/aFQEjeN**)
My revised estimates (**https://docdro.id/nJCURKqj**) shows 2,218,050 current schizophrenics in the English speaking world.

Inexplicably WRT this, in November 2017, NIMH changed its website and declared that the 1-year prevalence of schizophrenia is now 0.3%, or 3 cases in 1,000 adults **(4)**. Based on the current census estimates, this means that they are now acknowledge only 750,000(5) adults in the US as having schizophrenia. Since there were 2.8 - 3.2 million previously, just over 2 million (≈25%) have been made to disappear. Or did I disappear them?

PSEUDO-SCIENCE PREDICTIONS about schizophrenia rates and statistics:
So both my MHF statistics and the NIMH statistics should be predictive. To prove their validity and accuracy:
1) There should be an approximate 54.5% reduction in the 1 year prevalence of schizophrenia, found in epidemiology studies post 2023, while the incidence remains at >1m (7.7 to 43.0 per 100 000) per year (which is ridiculous). So if my interpretation of the world is valid and reliable, and accurate, there will be 1,950,000 counted/reported as schizophrenic, with 11,820,900 malingerers, in a changed ration hidden within schizophrenia statistics from 6:1 to 4:1.
1) there should be a/some statistic showing up that indicates the 'Freemasons' are 8-11M strong [This number may show up consistently in "evil" / "charity", or "Freemasons" in pornography numbers]
2) I should find evidence of people having a ratio of 4:1 on the forums rather then 15 or more voices.

SECTION #2

Data For Schizophrenia prevalence and incidence measurements.

The table below indicates and displays:
1) origins of my statistical data and calculations

2) Scratchpad for cursory identification of any detectable strangeness in the epidemiology of schizophrenia by comparing statistics between ≈2007 and ≈2020, representing (far-fetched inexplicable) 2018 forum counts metrics data results (Image (1) & (2) i*nfra*), and the changes in attitude and "amplitude" of my symptoms

Circa 2009	**Circa 2020**
US Population 2006 = 298.4 million	US Population 2021 = 331.9 million
Canada Population 2006 = 32.57 million	Canada Population 2021 = 38.25 million
United Kingdom Population 2006 = 60.85 million	United Kingdom Population 2021 = 67.3 million
New Zealand Population 2006 = 4.185 million	New Zealand Population 2021 = 5.12 million
Australia Population 2006 = 20.45 million	Australia Population 2021 = 25.69 million

The variability and variance in the following table of qualified statistics is a result of humans cauing schizophrenia, and predictably attempting to conceal it.

Schizophrenia Statistics	**Circa 2009**	**Circa 2020**	**Comments / ∇ %**
			US population ↑ 49,000,000 from 2008
economic burden	$155.7 billion in 2013	$281.6 billion in 2020 USD 60 billion per year in the United States	↑ 125B = 12 billion / year
rate ratio for males : females	1.4 : 1 / 20 and 24 years : 29 to 32 years	no significant difference (a) between males and females	
mean onset of illness Males	31.2 years / 25 years	18 years / 20% after 40 y.o	
mean onset of illness Females	41.1 years / 15-20% after 44 y.o / 4% aafter 60 y.o	20 to 35 / 21-25 years old	
Number of affected people	3.2 million people in the USA 2.5 million Americans are living with schizophrenia today, and over 100,000 new cases are diagnosed each year (NIMH, 1990) median incidence of schizophrenia was 25 /100,000 persons = 74,500 per year ∴ from 12 - 50 y.o = 38 years * 74,500 = 2,831,000	2.8 million adults / 2.2 million people in USA / in a year, 100,000 people per year diagnosed (3.5 million cases) / 2.3 million adults[4] 0.3% (3 in 1,000) / >3.2 million USA If 100,000 per year since 2013 = 4.2 * 2.8 million to 750,000 [4] 1.1% of US = 3,663,000 diagnosed	At 2006 = 3.2m; + 100,000 per year, then should be @ 2019 = 3.2 + 13*100K = 4.7m At 2013 + 100,00 per year = 3,733,000 @2022 *2 million have been made to disappear" [1] ==> [2018] @ 2.8 million to 750,000
median prevalence	3.3 per 1000 / 5.5 per 1000 / 5.1 per 1000 / 0.40 %	15.2 (7.7–43.0) per 100,000 / 0.25% and 0.64% (=2.5 per thousand - 6.4 per thousand) / 1. 66% - 5.11%	Lower quantile ↑ 0.47 / 1000 Upper quantile ↑ 0.9 / 1000 Increase should be ≈ 37,000 per year = 1.3m - 3.2m + (37,000 * 10) = 1,739,000 - 3,570,000
	6 to 12 million people in China (a rough estimate based on the population) 4.3 to 8.7 million people in India (a rough estimate based on the population) 2.2 million people in USA		

	285,000 people in Australia Over 280,000 people in Canada Over 250,000 diagnosed cases in Britain		
Point prevalence (prevalence during any interval of less than a month)	3.9 (3.2–4.7) per 1000 / 4.6 / 1000 (1.9–10.0)	2.30% and 2.71% / 4.01% / 2.13% / 0.07% / 0.19% / 0.28% in 2016 / 0.25% to 0.64% of U.S. / 3 per 1,000 / 0.42% (4.2 / 1000) / 4.6 per 1,000 1.5 million people per year	**point prevalence stable or reduced 0.4 / 1000** **# 2022 ≈ 7.9 million cases**
1 year (period) prevalence	4.4 (3.3–5.4) per 1000 / 3.4 per 1,000 / 0.40-0.52% / 3.3 (1.3–8.2)	0.30% / 0.40% for one year prevalence / 4.0 (1.6–12.1)	No change
Lifetime prevalence (the proportion of individuals in the population who have ever manifested the disease and who are alive on a given day)	5.5 per 1,000 / 0.3-0.7% / 4.0 (1.6–12.1) / 11 / 1000	0.50% = 5 / 1000 / 4 / 1000 / 1.19% / 0.48 % (IQR: 0.34 %–0.85 %) / 0.75% / 7.2 per 1000 (3.1–27.1)	1,332,000 --> should have increased by 333,000 / year = 4,329,000 @2018 ≡ 2.8m @2020 ≡ 2.8m @2022 ≡ 6.6m
Median incidence rate - including central 80%	15.2 per 100 000 / 14.9 per 100 000 respectively / 15.2/100,000 / 11.1 per 100 000 / 15.2 per 100,000 / 11 out of every 1,000 /	0.52% / 0.7 to 3.4 per 10,000 / 7.7 to 43.0 per 100 000 / 18.58 per 100,000 / 14.55 per 100,000 / 1.5 for every 10,000 / 1 million Americans every year, according to a 2019	13 / 100,000 ~ [2006 US pop] = 38,792 / year = 3,081,880 16.5 / 100,000 [2021 US pop] = 54,615 / year = 3,309,230
mean incidence rate	23.7 per 100 00 / 77.6-88.5 per 100,000 / 15.2/100,000	0.31% and 0.39% / 0.16% and 0.40% / 15.2 per 100,000 / 7.7 to 43.0 per 100 000 / 0.25 and 0.64% of the U.S / 1 in 4000 / 1.5 per 10,000 / 15 / 100,000 / **110,000 per year** / one in 4,000 / **in 2017 - 1.1 million new cases**	@ 2022 = 4,995,000
incidence 10% quantiles	7.7 cases per 100 000 Males 6.6 / 1000000 Females 3 /100000	18.8 cases per 100,000 6.79 /100,000 3 /100,000	10% quantile dropped 61% while 90% quantile increased by 76.4%
incidence 90% quantiles	43.0 cases per 100 000 Males 34.1 / 1000000 Females 30.2 /100000	33 cases per 100,000 14.02 /100,000 76 /100,000	
Prevalence hears voices non-clinical (general) population & pathological	0.6% to 84% - median of 1% - 1 in 8 people / prevalence rates ranging from 5.7 to 21.0% / 10- 7% - 17% of gen pop but 20% - 25% of those are	lifetime prevalence non-non-clinical individuals 1 % to 2 % / 60–80 % of schizophrenia patients /	

	clinical / median prevalence of 6% reported AVH, still present 27% two years later / 13.5 y.o (0.6) [11–16] - 15.1 y.o (0.8) [13–18] prevalence around 81% or 44% or 58% and 5% of above diagnosed 65% or 31% or 27% of the clinical have positive voices 25% or 32% or 39% clinical have negative voices 46% 71% of the non-clinical have positive voices 19% non-clinical have negative voices	/ 5% and 15% / 40% experiencing voices as conversational / 65% or 31% of the clinical heard positive voices, 25% or 32% predominantly heard negative voices 46% of nonclinical voice-hearers did not report trauma	
TRS (treatment resistant schizophrenia)		23% / 21–22% / 22%	Not investigated due to time limitations
TRS prevalence		2.7 to 16.3 per 10,000	
standardized mortality ratio (SMR)	SMR 2.6 /. 34.51 (male) and 58.81 (female) / 16.2	SMR 12.9 / 4.54, 95% CI 4.35-4.73) / **4.58, 95% CI (4.48–4.69)**	11.65; 95% confidence interval
pooled estimate median lifetime morbid risk (LMR)	9.5 (7.9–11.1) per 1000	26.8% (95% CI 22.1–31.9%; I = 97.0%),	
point prevalence of suicide attempts	55.1% in the USA / 4.9% / 6.8/1000 people/year / 74 per 100,000 / 88.96 per 100,000	4%−10% / **579 per 100,000** / 20.2 per 100,000 / 12.1 per 100,000	Deaths by suicide among US adolescents aged 10 to 19 increased by more than 85% between 2007 and 2017 12 % of all deaths with mention of schizophrenia
pooled lifetime prevalence of suicide attempts	26.8% (95% CI 22.1–31.9%; τ 2 = 0.019, I 2 = 97.0%, p < 0.001) / 10% to 13%		
1-year prevalence of suicide attempts	3.0% (95% CI 2.3–3.7%; τ 2 = 0.002, I 2 = 95.6%) / 2.9% attempted /	20% / 3.0% (95% CI 2.3–3.7%; I 2 = 95.6%) / 3.0% (95% CI 2.3–3.7%; I2 = 95.6%) / 3.0% (95% CI 2.3–3.7%; I2 = 95.6%)	So the successful suicide rate has increased from 2.9% to 3.2% …they missed 88% of deaths in which schizophrenia was a certified cause
1-month prevalence of	2.7% (95% CI 2.1–	2.7% (95% CI 2.1–	

suicide attempts	3.4%; τ 2 = 0.0002, I 2 = 78.5%)	3.4%; I 2 = 78.5%)	
prevalence of suicide attempts from illness onset	45.9% (95% CI 42.1–49.9%; τ 2 = 0, I 2 = 0) / (45.9%)	3.0% (95% CI 2.3–3.7%; I 2 = 95.6%) / **45.9% (95% CI 42.1–49.9%; I 2 = 0**), / 45.9% (95% CI 42.1–49.9%; I2 = 0) / 4.9% / 18% to 55% / 40.8%	In my first epidemiology, I used the "anecdotal" rate of 1%. Later revisions at 0.7% / **45.9% (95% CI 42.1–49.9%; I2 = 0)**
6-month prevalence of suicide attempts	38%	14.0 per 100,000	**median time to suicide of 5.6 years** / 2 years prior to diagnosis
lifetime prevalence of suicide attempts	(26.8%) / 4.9% / 477/100000 person-years. SMR was 32.0. Prevalence of suicide (global SMR) was 16.2 / 579/100,000 person-years / 2% to 5% . 4.9%	26.8% (95% CI 22.1–31.9%; I 2 = 97.0%) / 74.00 / 100,000 / 26.8% (**95% CI 22.1–31.9%; I2 = 97.0%**) / 39.2% / 42% / 4–5% / 9 to 24% / 25.8% / **attempted (108/18,154) /** 18% to 55% / **579/100,000 /** 39.2% / 312.8 per 100 000	26% of schizophrenics are attempt suicide. Attempts directly indicate degree of "hatred" and malevolence being affected / lifetime prevalence 1.93% in Taiwan to 55.1% in the USA
Suicide Success	**6.4% died** / 53.9% / 31.8% / 0.4% of cohort completed suicide	11.7% / 2.03/1,000 / **completed (35/18,154)/ 5.6% /** 9-13% of patients with schizophrenia eventually commit suicide / 4.96 per 100 000 / 10.1%	**Suicide after an average of 4.32 years.** Mean age of death among schizophrenics is 33.4 years. Mean duration of illness of 19.3 (± 8.8) years for suicide completers.
Suicide Actual data			
OZ Suicide		3,144 / 3,046 people died by suicide. (Oz) / 3,139 / ~= 3000 / **in 2021= 1.8% = 3144** / (in NSW 2022 = 964 in Vic = 759 in QLD= 813	21, 125 attempted / 2,384 male suicide deaths (18.6 per 100,000) and 755 female deaths (5.8 per 100,000).
US Suicide	3,422	10–13% = 368,000 / 1.71% / in 2015 - 17,000 deaths / (not schizo) total 30,000 annually & 14.04 per 100,000 = 132 suicides per day / **48,137 in 2021 / 45,941 in 2020**	832, 000 attempted
Death Certificate		3% re-calssified from "natural" to "suicide" / 9% re-classified / 21% re-classified / Actual suicide rates (USA) may well be 10%–50% higher than reported	

Suicide Rates

The lifetime prevalence of suicide from schizophrenia ranges 22%-32% (CI 95%, I297%). Taking a median, the lifetime suicide prevalence statistic prior to my impact (based on 4.3m schizophrenics) efforts was (using median attempted suicide rate of 27%) = 1,161,000 suicide attempts. With completed suicides, using a 1 year prevalence of suicide at 3.0%, then there should be 129,000, or at 579 per 100,000 gives 24,897 deaths, or at 6.4% who completed, there would be 275,200 deaths.

I originally estimated 212,170 deaths per year (**https://docdro.id/aFQEjeN**), then recalculated it to be 300,510 (https://docdro.id/NHUAEVj), then also 42,660 (https://docdro.id/nJCURKq). The variation in these "informed" epidemiological documents stems from the variance in reported schizophrenia rates and is evident in the PDF's in the above links.

So to infer validity of a HOST impact, I am looking for is to discern a correlation between the decreased suicide rates and the decreased schizophrenia rates, between pre-2018 rates and 2022/2023 rates. So the point prevalence of schizophrenia changed from (conventional) 3.2m (US) to 750,000 being a 76% reduction post 2018, and the suicide measure based on my "informed" measure went from (using 4.3m to 1.03m or 1,032,000) 1,161,000 to between 275,000 and 24,897.

A final statistic. Given the incidence in the US of 1.2m per year, that means that after 3 years, there should have been 3.6m in the US prevalence statistic. But it was (previously) 3.2m, therefore 400,000 were missing. This correlates with the 482,000 number of legitimate schizophrenics mentioned in "**Section 1**". The import is that 90% of legitimate schizophrenics are dead by the end of three years, leaving only the "Freemason' malingerers to be accounted for in the prevalence measurements.

PSEUDO-SCIENCE PREICTIONS about suicide related to schizophrenia:
To validate the humbug science by suggesting that a prediction lends credibility, the following prediction is made: that the next measure(s) published by authoritative, qualified researchers on the:
I) prevalence of suicide completed falls to approximately 3%.
II) lifetime prevalence of suicide attempts should increase from 100% of 6:1, to approximately 100% of 4:1 = or 1/4 of 1.95M should be around 482,500. (This statistic always represents 100% of actual schizophrenics, from total schizophrenics which includes malingerers). Now there are only 482,500 actual schizophrenics, so the lifetime prevalence of suicide attempts will become 482,500 / 1,950,000.

SECTION #3

Mediating the schizophrenia data - my symptoms insisting on being humans!

On September 19, 2020, my AVH perpetrated a "cash-flush" against me, in addition to the fact that they were "de-tuning" me at the time. So I decided to upset and sicken them, by exposing them to hopefully explicit child exploitation images. The pornography search phrases I use are shown in the link *et seq (*In the tables columns titles and in the image below, +/- the term 'Freemason' Refer to https://docdro.id/8F0N6Mc. When including the term 'Freemason' there was a substantially reduced result set metric (≈ ↓ 99%).

female young porn video movie	
Date	SERPS count
30/08/22	2,410,000,000
2/04/2023	1,210,000,000
14/04/2023	1,630,000,000
14/04/2023	1,640,000,000
17/05/2023	1,200,000,000

young female porn video movie	
Date	SERPS count
30/08/22	2,130,000,000
14/04/2023	1,520,000,000
14/04/2023	1,520,000,000
15/04/2023	1,570,000,000
17/05/2023	1,440,000,000

female porn video movie	
Date	SERPS count
30/08/22	1,670,000,000
2/04/2023	1,210,000,000
14/04/2023	1,370,000,000
17/05/2023	1,380,000,000

dead young female porn movie	
Date	SERPS count
30/08/22	2,040,000,000
8/04/2023	589,000,000
14/04/2023	719,000,000
17/05/2023	405,000,000

female video porn movie	
Date	SERPS count
30/08/22	2,420,000,000
8/04/2023	1,070,000,000
14/04/2023	1,330,000,000
15/04/2023	1,280,000,000
17/05/2023	1,290,000,000

freemason young female porn video movie	
Date	SERPS count
30/08/22	2,110,000,000
8/04/2023	3,470,000
14/04/2023	3,520,000
14/04/2023	3,800,000
17/05/2023	3,190,000

freemason porn video movie	
Date	SERPS count
30/08/22	2,380,000,000
30/08/22	2,410,000,000
14/04/2023	2,520,000
14/04/2023	2,490,000
17/05/2023	1,480,000

female young porn video movie freemason	
Date	SERPS count
14/04/2023	4,180,000
17/05/2023	3,470,000

The table above (image 4) shows the search phrases used to locate the intended child exploitation images, to sicken and inflame the human people that cause and are the symptoms of my schizophrenia.

G5 =(F5-F4)/F4

Statistics Porn	Porn Video Movie(s)							
DATE	TIME	SITE	TERM	NUMBER	%+/-			
28/04/2022	1350	Google		6,350,000,000				
28/04/2022	1014	Google		4,490,000,000	-29%			
15/11/2021	1559	Google		3,030,000,000	-33%			
16/11/2021	1242	Google		6,070,000,000	100%			
16/11/2021	0225	Google		6,160,000,000	1%			
16/11/2021	1047	Google		5,720,000,000	-7%			one day
17/11/2021	1412	Google		5,440,000,000	-5%			one day
17/11/2021	1413	Google		6,160,000,000	13%			
24/01/2022	0331	Google		3,830,000,000	61%			
24/01/2022	0705	Google		3,470,000,000	-9%			
1/02/2022	1127	Google		2,140,000,000	-38%			
6/02/2022	0554	Google		2,140,000,000	0%			
14/02/2022	1227	Google		2,140,000,000	0%			
15/02/22	0436	Google	porn video movie	5,030,000,000	135%			
31/08/22	0220	Google		3,120,000,000	-38%			
31/08/22	0530	Google	porn video movie	3,370,000,000	8%			
31/08/22	0531	Google	porn video movies	3,150,000,000	-7%		one day	
31/08/22	0725	Google	porn video movie	3,010,000,000	-4%			
31/08/22	0072	Google	porn video movies	3,750,000,000	25%			one day

The image (6) above shows the number and changes in WWW pornographic video movies

Proportion of freemason search phrase to totals (top to bottom in left column)	
TOT RESULTS	FM Search Results
3,230,000,000	3,800,000
	2,490,000
	4,180,000
Proportion of FM serach to totals	
	-99.88%
	-99.92%
	-99.87%

TOT RESULTS	SITE # VIDS
3,230,000,000	27,157,444
	22,185,163
	13,015,155
	9,876,587
	25,593,750
Proportion of brand WWW site to totals	
	-99.16%
	-99.31%
	-99.60%
	-99.69%
	-99.21%

The image (5) shows the proportion of total SERPS that result when "Freemason"" filters are applied (2023)

WWW site	Size Of Result Set (WWW sites)	Proportion FM WWW sites (1.39%)	Tot $ Cost of FM ($1,150 / movie) 20 scenes	Tot $ Rev of FM	Schizo Finance (per schizo)
porn video movies	4,020,000,000	55,878,000	$1,285,194,000,000		$296,811.54
pornkai	27,157,004	377,482	$8,682,094,178		$2,005.10
tubesafari	25,593,750	355,753	$8,182,321,875		$1,889.68
Xneon	35,441,714	492,639	$11,330,715,965		$2,616.79
Child Sex Trafficking	1,280,000,000	106,066	$26,516,000 + $74,246,000	$901,561,000	$208.12
Selling Child Pornography	1,280,000,000	636,396	$47,729,700,000 + $2,545,584,000	$3,818,376,000	$11,610.92

Table indicates 'Freemason' costs and revenues derived from online WWW pornographic websites at 2008 rates.

(Sub-Section 3)

The majority of 'Freemasons' are not members, but are covert and unofficial. In 2018, they cited six million members. However, epidemiology (https://docdro.id/8F0N6Mc) shows that there are between 17 320 000 and 25,980,000 active individuals who "identify" as 'Freemasons'. Therefore the public face of 'Freemasons' has an incidence of 98.6% and point prevalence of 6,000,000 (C.I 8.4%). However, the operational and aspirational incidence is 6.08% with a 5 year prevalence 25,980,000 (C.I. 2.2%). There are 3.8 times more operatives than are publicly observable. Binary gender quantiles are: male (M) (25.98m - 6m) with an incidence of 49% and a prevalence of 19.98m, and for females (FM), a mean of 51%, with a prevalence of 10.19m. Telepathetics therefore represent 6% - 14% of population (https://docdro.id/aFQEjeN) distributed as M = 15.79m = 3.65% & FM = 7.96m = 2.36% of the emitting population of sociopaths.

'Freemasons' own pornographic website(s). 4.9% * 1,280,000,000 ("female" in search phrase) = 62,720,000 websites equating to owning between 3 & 4 each man woman and child in the USA.

When 368,000 individuals successfully commit suicide in the USA annually, presupposing they each had $1,000 savings, then the asp.'Freemasons' receive US $ 368,000,000 revenues, that will provide 320,000 porn movie scenes. If 4 months welfare is stolen prior to anyone realizing the schizophrenic is deceased, then the total revenues exceed US $ 276,000,000 + 368,000,000 = 644m.

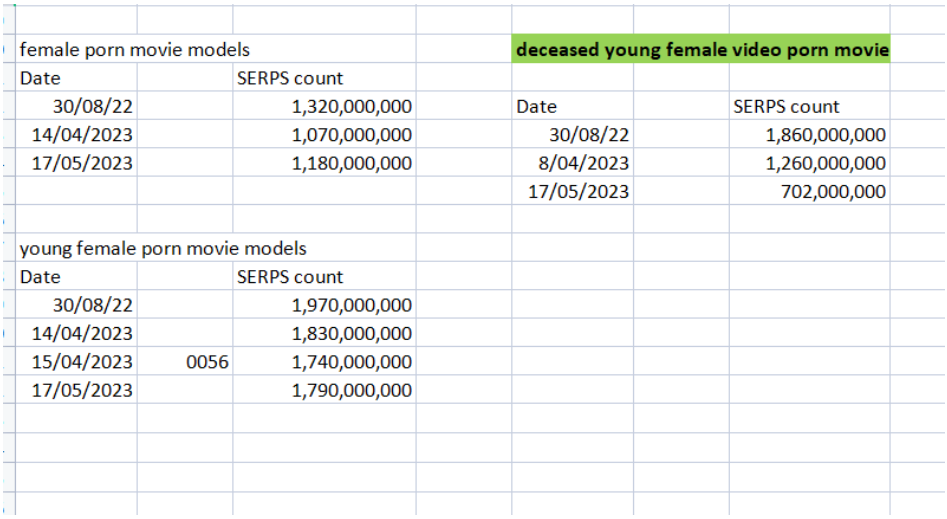
So why all the fuss? A 'Freemason' aka operative, is defined by their ability to see you where ever you are. Also to communicate by thought, without a cell phone. I can't believe it myself. I am no doubt mistaken, very likely.

They never admit it. They admit nothing.

Table indicates 'Freemason' costs and revenues derived from online WWW pornographic websites at 2023 adjusted rates.

WWW site	Size Of Result Set (WWW sites)	Proportion FM WWW sites (0.051%)	Tot $ Cost of FM ($1,150 / movie)	Tot $ Rev of FM	Paid For By (Robbing) Schizo
porn video movies	4,020,000,000	205,020,000	$9,949,500,000		$2,313.83 / schizo
pornkai	27,157,004	1,385,007	$672,135		$0.15 / schizo
tubesafari	25,593,750	1,305,281	$633,445		$0.14 / schizo
Xneon	35,441,714	1,807,527	$877,182		$0.20 / schizo
Child Sex Trafficking	1,740,000,000	4,637,400	$3,057,180,000	$24,457,440,000,000	$706.00 / schizo
Selling Child Pornography	1,740,000,000	43,674,000	$17,744,520,000	$34,939,200,000	$1210.36 / schizo

So here is some confirmation from the other end of the equation:



female porn movie models	
Date	SERPS count
30/08/22	1,320,000,000
14/04/2023	1,070,000,000
17/05/2023	1,180,000,000

deceased young female video porn movie	
Date	SERPS count
30/08/22	1,860,000,000
8/04/2023	1,260,000,000
17/05/2023	702,000,000

young female porn movie models		
Date		SERPS count
30/08/22		1,970,000,000
14/04/2023		1,830,000,000
15/04/2023	0056	1,740,000,000
17/05/2023		1,790,000,000

The table above (image 6) continues metrics of WWW pornography - entirely run by and out of the USA.

What do you notice?

Well, what becomes and is apparent are:
1) the significant steady reduction and declining total number of SERPS for / in each and every category
2) The extremely large / substantive reduction in all categories including the term "Freemason" in the search phrase (for example: from 2.1B down to 3.1m on "freemason porn video movie")
3) The ongoing reduction on total SERPS across every category, starting immediately after my measurements began. This should be notably subject to he fact that I have had a lot of data stolen by hacking.

Key Data: From image (4) & image (6)

Term	Equation	% Change	Comments
Female young porn video movie	34701000 ÷ 1210000000 = 0.028678512396694 = 2.86	2.86%	2.86% of movies are female 'Freemasons'

(freemason) porn video movie (30/8/22)	2410000000 ÷ 3060000000 = 0.7875	78.75%	78.8% of porn movies are 'Freemasons'
(freemason) porn video movie (17/5/23)	1480000 ÷ 3060000000 = 0.00048	0.048%	<1% of porn movies now are 'Freemasons'
Female young porn video movie (freemasons) (17/5/23)	3,470,000 ÷ 1440000000 = 0.002	0.24%	Nearly 4m freemason young females in porn movies
Female porn movie models	1,180,000,000 - from row above = 0.24%	2,832,000	(From above) = 9,529,000 'Freemasons' remaining
Porn movie stars (28/4/22)	2,760,000,000		
Porn movie stars (17/5/23)	832,000,000 = 832000000 ÷ 2760000000 = 0.301	30.14% less results about "porn movie stars"	Inexplicable!!! --> except I "killed" 'freemasons' 32.1%
Porn video movies	6,160,000,000 down to 2,750,000,000 =	44.64% less	
	30.1% less movie stars & 44.6% less video movie sites		

D7 | fx | 6160000000

	A	B	C	D	E	F	G	H	I
1	Overview Of Noteworthy Pornogrqphic WWW Statistics								
2									
3	Statistics Porn	Porn Video Movie				Porn Movie Stars			
4	Porn Video Movie(s)								
5	DATE	TIME	SITE	NUMBER		DATE	TIME	SITE	NUMBER
6									
7	17/11/2021	1413	Google	6,160,000,000		15/11/2021	1250	Google	534,000,000
8	16/11/2021	0225	Google	6,160,000,000		16/11/2021	1048	Google	382,000,000
9	16/11/2021	1047	Google	5,720,000,000		17/11/2021	1413	Google	422,000,000
10	17/11/2021	1412	Google	5,440,000,000		16/11/2021	1426	Google	381,000,000
11	16/11/2021	1242		6,070,000,000		15/11/2021		Google	534.000.000
12	15/11/2021	1559	Google	3,030,000,000		24/01/2022	1247	Google	577,000,000
13	24/01/2022	0331	Google	3,830,000,000		1/02/2022	1129	Google	555,000,000
14	24/01/2022	0705	Google	3,470,000,000		6/02/2022	0556	Google	555,000,000
15	1/02/2022	1127	Google	2,140,000,000		24/01/2022	0332	Google	634,000,000
16	6/02/2022	0554	Google	2,140,000,000		28/04/2022	1015	Google	2,760,000,000
17	28/04/2022	1350	porn video movies	4,490,000,000		28/04/2022	1351	Google	834,000,000
18	14/04/2023	0913		3,230,000,000		31/08/22	0219		433,000,000
19	14/04/2023	2356	porn video movie	3,620,000,000		14/04/2023	0914		656,000,000
20	14/04/2023	2356	porn video movies	4,020,000,000		15/04/2023	0056		645,000,000
21	17/05/2023	0538	porn video movie	3,060,000,000					
22	17/05/2023	0538	porn video movies	2,750,000,000		17/05/2023	0539		490,000,000
23									
24									
25									
26									

SECTION #4

Financial Value Of Impact

- Due to its debilitating nature, schizophrenia is one of the top 20 leading causes of disability worldwide. Globally there were 1.13 million (95% uncertainty interval [UI] = 1.00 to 1.28) incident schizophrenia cases. Adults with schizophrenia (N = 158,763) had higher HRU and incurred $14,087 higher healthcare costs versus controls (mean: $28,644 vs. $14,557), driven by $4677 higher long-term care costs (all $p < .001$). Young adults with schizophrenia incurred $14,945 higher healthcare costs versus controls, driven by $3473 higher inpatient costs ($p < 0.001$).
- In the early 2000s, the annual cost of schizophrenia in the US was estimated to be greater than those for all cancers combined.

- The total economic burden of schizophrenia is estimated to be over USD 60 billion per year in the United States [7]. **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9225098/**

- The overall U.S. 2002 cost of schizophrenia was estimated to be $62.7 billion, with between $62.3 billion and $22.7 billion excess direct health care cost ($7.0 billion outpatient, $5.0 billion drugs, $2.8 billion inpatient, $8.0 billion long-term care). A 2013 study estimated the annual US societal cost of schizophrenia as about $156 / 155.7 billion. In 2019 schizophrenia cost the US $343.2[(3)] billion Schizophrenia cost the U.S. an estimated $281.6 billion in 2020 [(2)]. In the US, the cost of schizophrenia is estimated to be $63 million a year. Compared with other mental illnesses, the cost is higher, particularly for tending to the medical and counseling needs of patients with the disorder. The amount includes expenses that employers must pay for lost work, social services, and financial benefits.

- Australia --> (in 2003) 1.44 billion Australian dollars for schizophrenia -- Australian society $4.91 billion per annum, and the Australian government almost $3.52 billion per annum
- Primarily US data --> ↑ 125B = 12 billion / year
  - economic burden (2009) = $155.7 billion in 2013
  - $281.6 billion in 2020 / $343.2 billion

- **https://www.psychiatrist.com/jcp/schizophrenia/economic-burden-schizophrenia-united-states/#:~:text=In%202021%2C%20The%20Schizophrenia%20%26%20Psychosis,in%20direct%20non%E2%80%93health%20care**
  - economic burden of schizophrenia in the US in 2019 was $343.2 billion, including $251.9 billion in indirect costs (73.4%), $62.3 billion in direct health care costs (18.2%), and $35.0 billion in direct non–health care costs (10.2%)

Location	**°C 2003 - 2010**	**°C 2015 - 2020**	**HOST Impact**
The estimated burden of schizophrenia in the US doubled between 2013 and 2019 and was $343.2 billion in 2010			So based on averages: the certain savings from HOST successful involvement, will reduce costs that are doubling.
economic burden of schizophrenia was estimated to range from 0.02% to 1.65% of the gross domestic product.			
US	US $155.7 B / 112.3B	US $281.6 B / / $343.2 billion / > 60B / yr / 155.7B / 343.2 billion in 2019	If savings are commensurate proportionally with effective treatment = 3.2M of US $60,000,000,000 = down to 1.95M of $60,000,000,000 **= forecast further 30% decrease = (will find) US$ 18B savings from US federal budget. From 60B / year to 42B / year**
Oz	A$ 1.44B / 3.7B	**A$ 3.5B** / $661 million	= 54% savings from A$ 3,500,000,000 **= forecast = (find) A$ 1,890,000,000m reported amount, or from 3.5B down to 2B**

The following data shows the basics of how the economic cost of schizophrenia is measured.

MILD / MODERATE / SEVERE SCHIZOPHRENIA			
	mild	moderate	severe
number of hospitalizations related to schizophrenia relapse in the previous 12 months	(average margin estimate [95% CI] = 0.2 [0.2–0.3])	(0.5 [0.4–0.6], aIRR [95% CI] = 2.17 [1.60–2.94])	(1.3 [0.9–1.7], aIRR = 5.45 [3.59–8.27])
Average inpatient days	(1.9 [0.5–3.2])	(3.9 [2.6–5.1], aIRR = 2.61 [1.41–4.82])	(9.9 [5.5–14.2], aIRR = 6.33 [3.57–11.23])
average number of hospital admissions through the ER	(0.2 [0.1–0.2])	(0.4 [0.3–0.6], aIRR = 2.07 [1.03–4.13])	(1.0 [0.8–1.2], aIRR = 5.29 [2.56–10.94])
Average hospitalizations since schizophrenia diagnosis	(1.1 [0.7–1.5])	(2.4 [1.5–3.3], aIRR = 2.11 [1.45–3.05])	(5.4 [3.2–7.7], aIRR = 4.80 [2.91–7.91])
likely to live with a partner or spouse	(28.0% [22.5–33.4%])	(17.3% [13.2–21.4%], aOR = 0.54 [0.37–0.78])	(8.8% [4.5–13.0%], aOR = 0.25 [0.13–0.46])
likely to live in supported housing	(mild = 4.4% [2.1–6.7%]	11.7% [7.5–15.8%], aOR = 2.85 [1.64–4.96];	16.4% [11.2–21.6%], aOR = 4.24 [2.34–7.70])
homeless shelter	(mild = 1.2% [0.2–2.2%]	3.0% [1.3–4.8%], aOR = 2.63 [1.09–6.36];	7.9% [4.2–11.7%], aOR = 7.25 [3.03–17.31])
proportion of patients in full-time employment	(19.1% [14.0–24.3%])	(3.4% [1.6–5.1%], aOR = 0.15 [0.08–0.28])	(0.4% [−0.4–1.2%], aOR = 0.02 [0.002–0.12])
likely to be unemployed due to disability	(20.1% [15.4–24.9%])	(51.7% [44.7–58.6%], aOR = 4.24 [3.02–5.97])	(73.2% [65.8–80.6%], aOR = 10.85 [6.85–17.17])

SECTION #5

Additional Opportunities For Verification / Validation

- 1 in 7 individuals with schizophrenia may recover / only 20% of patients reporting favorable treatment outcomes
- A city of 3 million people will have over 21,000 individuals suffering from schizophrenia
- 27 per cent of incest victims researched heard voices later in their lives. It was striking that this phenomenom was most likely to occur when the trauma took place before the age of 7.
- (1st) 1 data point yielded an 81% decrease in the amount of (decision based) schizophrenia in the English speaking world

SECTION #6

Raw Data (For Estimates Of Impact On asp.Freemasons)

Insider informed epidemiology postulates are found here: https://docdro.id/SMK8S8j

note identifying killed freemason event 210222.txt

1st - killed (54.6%)
2nd - 2,362,537 killed (15.14%)
3rd - 3,375,000 killed

4th - ↓ 26.7%

# Freemason	% Killed	# Killed	# Remain
25 980 000	↓54.6%	= 10,375,399	14,185,080
11,794,920		3,375,000	8,668,132
8,668,132	↓76.6%	= 6,639,789	1,950,000 - 2,028,343

Data:

An earlier investigation (that they re-published) is at **Freemason Membership Number Estimates**

130422 2323
+ (in response) 90,000 p/a so app 940,000 plus second row (145 x 3 x 20 = 8,700) = 948,700 emancipated / killed through efforts, giving them an opportunity to be killed. This was measured courtesy of Robert & Ttim.
arrived at through analysis of the hoards I have so far fought. Pre-announced by MK, getting a fucking great milkshake.

==========
180422 1407
L: I'm off. Going to kill someone now
s: well I will wank then
Impact: They all died "we are all dead now"
Stated number: 200
==========

This morning they said i was "not good looking enough to deserve help"

Below are the ad-hoc estimates I developed reflecting decrease in 'Freemason' operative numbers:
31,000,000 - estimate from initial pornography results
-4,300,000 - estimate from 2015 reductions reflected on Mental Health Forum
-3,750,000 - estimated after the broke a rule one day in 2020, waited for correction, that never came
---
22,950,000 remaining

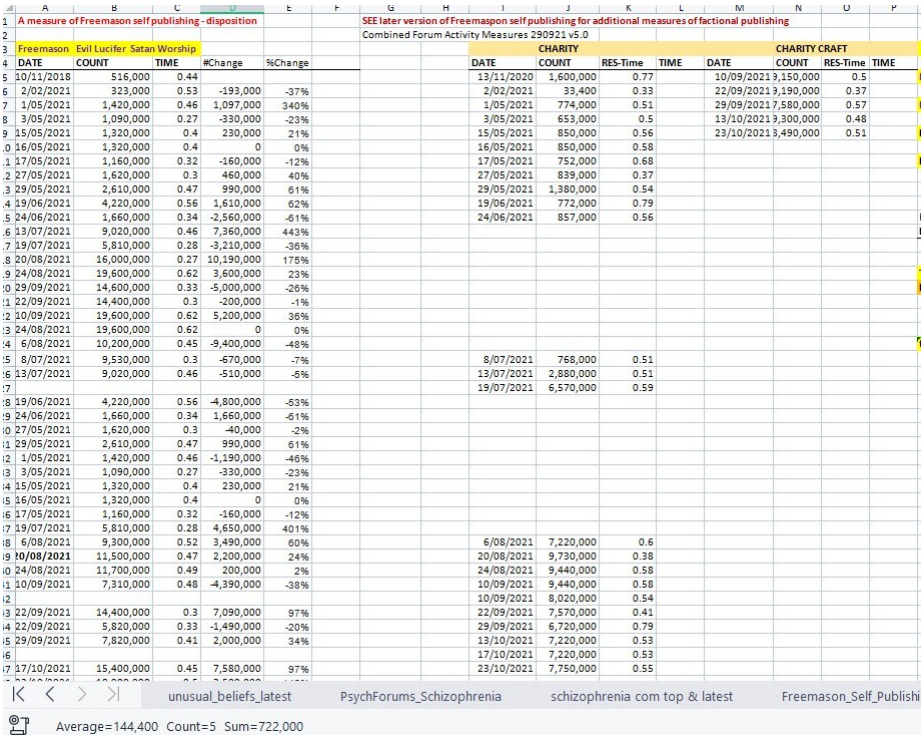
The following data is selected from "Forum Counts Statistics - Freemason Self Publishing" In 20 days, 'Freemasons' / "Freemasons" may upload 7.3M websites (documents URL's in SERPS).

SEARCH PHRASE	DATE	SERPS Count	COMMENTS
Freemason Evil Lucifer Satan Worship	10/11/2018	516,000	
	19/06/2021	4,220,000	In half a month there was an decrease of 4,390,000 "evil" SERPS
	24/08/2021	**11,700,000**	
	10/09/2021	**7,310,000**	
	20/09/2022	877,000	
	10/04/2023	2,020,000	
	30/05/2023	1,330,000	
Freemason Charity	13/11/2020	1,600,000	
	2/02/2021	33,400	Between Oct 2021 and Sept 2022 they removed >20 million websites/documents from the SERPS
	29/05/2021	1,380,000	
	8/07/2021	768,000	
	20/08/2021	9,730,000	
	24/10/2021	20,900,000	
	20/09/2022	877,000	
	10/04/2023	1,700,000	
	30/05/2023	1,960,000	
	6/6/23 (0315 hours)	**1,340,000**	They deleted 613,000 documents / websites in 9 hours
	6/6/23 (1230 hours)	**727,000**	

The documents are deployed by “Freemasons”. I would expect that the trends in the data above will not exceed 6.5m, being 1 website per “Freemason”. But do they know about the ‘Freemasons’? If they do, then the above statistics might indicate the proportion of perpetrators Vs the proportion of ex-perpetrators, as observed by the “Freemasons”. Compute and correlate the statistic that reflects numbers / proportions of “charity” and “evil”, for both perpetrators and include “Freemasons”.

Check these against pornography proportions.

Should compute the number of schizophrenics remaining, Vs the number of “Evil” still assaulting those humans.
Should also predict changes in the ratio between good and bad / harmful voices (evil Vs charity), and total number of voices (sum of evil + charity)



A measure of Freemason self publishing - disposition						SEE later version of Freemaspon self publishing for additional measures of factional publishing							
						Combined Forum Activity Measures 290921 v5.0							
Freemason	Evil Lucifer Satan Worship					CHARITY				CHARITY CRAFT			
DATE	COUNT	TIME	#Change	%Change		DATE	COUNT	RES-Time	TIME	DATE	COUNT	RES-Time	TIME
10/11/2018	516,000	0.44				13/11/2020	1,600,000	0.77		10/09/2021	3,150,000	0.5	
2/02/2021	323,000	0.53	-193,000	-37%		2/02/2021	33,400	0.33		22/09/2021	3,190,000	0.37	
1/05/2021	1,420,000	0.46	1,097,000	340%		1/05/2021	774,000	0.51		29/09/2021	7,580,000	0.57	
3/05/2021	1,090,000	0.27	-330,000	-23%		3/05/2021	653,000	0.5		13/10/2021	3,300,000	0.48	
15/05/2021	1,320,000	0.4	230,000	21%		15/05/2021	850,000	0.56		23/10/2021	3,490,000	0.51	
16/05/2021	1,320,000	0.4	0	0%		16/05/2021	850,000	0.58					
17/05/2021	1,160,000	0.32	-160,000	-12%		17/05/2021	752,000	0.68					
27/05/2021	1,620,000	0.3	460,000	40%		27/05/2021	839,000	0.37					
29/05/2021	2,610,000	0.47	990,000	61%		29/05/2021	1,380,000	0.54					
19/06/2021	4,220,000	0.56	1,610,000	62%		19/06/2021	772,000	0.79					
24/06/2021	1,660,000	0.34	-2,560,000	-61%		24/06/2021	857,000	0.56					
13/07/2021	9,020,000	0.46	7,360,000	443%									
19/07/2021	5,810,000	0.28	-3,210,000	-36%									
20/08/2021	16,000,000	0.27	10,190,000	175%									
24/08/2021	19,600,000	0.62	3,600,000	23%									
29/09/2021	14,600,000	0.33	-5,000,000	-26%									
22/09/2021	14,400,000	0.3	-200,000	-1%									
10/09/2021	19,600,000	0.62	5,200,000	36%									
24/08/2021	19,600,000	0.62	0	0%									
6/08/2021	10,200,000	0.45	-9,400,000	-48%									
8/07/2021	9,530,000	0.3	-670,000	-7%		8/07/2021	768,000	0.51					
13/07/2021	9,020,000	0.46	-510,000	-5%		13/07/2021	2,880,000	0.51					
						19/07/2021	6,570,000	0.59					
19/06/2021	4,220,000	0.56	-4,800,000	-53%									
24/06/2021	1,660,000	0.34	1,660,000	-61%									
27/05/2021	1,620,000	0.3	-40,000	-2%									
29/05/2021	2,610,000	0.47	990,000	61%									
1/05/2021	1,420,000	0.46	-1,190,000	-46%									
3/05/2021	1,090,000	0.27	-330,000	-23%									
15/05/2021	1,320,000	0.4	230,000	21%									
16/05/2021	1,320,000	0.4	0	0%									
17/05/2021	1,160,000	0.32	-160,000	-12%									
19/07/2021	5,810,000	0.28	4,650,000	401%									
6/08/2021	9,300,000	0.52	3,490,000	60%		6/08/2021	7,220,000	0.6					
20/08/2021	11,500,000	0.47	2,200,000	24%		20/08/2021	9,730,000	0.38					
24/08/2021	11,700,000	0.49	200,000	2%		24/08/2021	9,440,000	0.58					
10/09/2021	7,310,000	0.48	-4,390,000	-38%		10/09/2021	9,440,000	0.58					
						10/09/2021	8,020,000	0.54					
22/09/2021	14,400,000	0.3	7,090,000	97%		22/09/2021	7,570,000	0.41					
22/09/2021	5,820,000	0.33	-1,490,000	-20%		29/09/2021	6,720,000	0.79					
29/09/2021	7,820,000	0.41	2,000,000	34%		13/10/2021	7,220,000	0.53					
						17/10/2021	7,220,000	0.53					
17/10/2021	15,400,000	0.45	7,580,000	97%		23/10/2021	7,750,000	0.55					

unusual_beliefs_latest | PsychForums_Schizophrenia | schizophrenia com top & latest | Freemason_Self_Publishi

Average=144,400 Count=5 Sum=722,000

This screen-grab (left) shows the amount of data hackers deleted from my HDD. I never collected the data for the left column, without collecting the data fro the right hand side column!

SECTION #7

Background of Schizophrenia Spectrum And Psychosis Disorder

After 10 years, of the people diagnosed with schizophrenia:

- 25% Completely Recover
- 25% Much Improved, relatively independent
- 25% Improved, but require extensive support network
- 15% Hospitalized, unimproved
- 10% Dead (Mostly Suicide)

After 30 years, of the people diagnosed with schizophrenia:

- 25% Completely Recover
- 35% Much Improved, relatively independent
- 15% Improved, but require extensive support network
- 10% Hospitalized, unimproved
- 15% Dead (Mostly Suicide)

Table 4. Suicide Rates (per 100 000 Person-years) by Time Since First Episode of Psychosis

Time Since First Psychotic Episode[a]	Male	Female	Entire Cohort
<1 Year			
Total No. of patients followed up	1504	1219	2723
No. of patients with known outcome	1398	1124	2522
No. of suicides	6	2	8
Suicide rate (95% CI)	410.8 (184.6-914.4)	170.6 (42.7-682.0)	303.8 (151.9-607.5)
Cumulative risk at 1 year, % (95% CI)	0.42 (0.19-0.92)	0.17 (0.01-0.68)	0.31 (0.15-0.61)
1-5 Years			
No. of patients with known outcome	1049	876	1925
No. of suicides	14	3	17
Suicide rate (95% CI)	281.0 (166.4-474.4)	74.0 (23.9- 229.5)	188.1 (117.0-302.7)
Cumulative risk at 5 years, % (95% CI)	1.51 (0.98-2.34)	0.46 (0.19-1.11)	1.04 (0.71-1.54)
5-10 Years			
No. of patients with known outcome	554	501	1055
No. of suicides	12	4	16
Suicide rate (95% CI)	281.7 (160.0-496.0)	111.0 (41.7-295.8)	203.5 (124.7-332.1)
Cumulative risk at 10 years, % (95% CI)	2.88 (2.02-4.10)	1.03 (0.52-2.00)	2.05 (1.50-2.79)
10-20 Years			
No. of patients with known outcome	267	241	508
No. of suicides	6	4	10
Suicide rate (95% CI)	145.9 (65.6-324.8)	106.9 (40.1-284.8)	127.3 (68.5-236.6)
Cumulative risk at 20 years, % (95% CI)	4.09 (2.90-5.74)	2.17 (1.18-3.98)	3.23 (2.38-4.36)

Abbreviation: CI, confidence interval.
[a]Two suicides occurred after greater than 20 years of follow-up and are not shown in this table.

International Qualitative Analysis
1-Year Prevalence. For schizophrenic disorders, 1-year prevalence rates ranged from 0.2 per 100 in Christchurch, New Zealand (20) to 1.0 per 100 in the US ECA study (18), a 5-fold variation. For schizophrenia, 1-year prevalence ranged from 0.2 per 100 in
the Netherlands (8), in New Zealand (20), and in rural villages in Taiwan (22) to 0.9 per 100 in the US ECA study (18), a more than 4-fold difference. If the ECA study is excluded as an outlier, the 1-year prevalence rates vary up to 0.42 per 100, a 2.1-fold difference.

The lifetime prevalence rates for schizophrenia varied considerably, ranging from 0.12 per 100 in Hong Kong (15) to 1.6 per 100 in Puerto Rico (26), a difference of over 13-fold. The Puerto Rico, US ECA, and Finland studies included institutionalized cases, which may in part explain the higher rates from these studies. It is notable that low lifetime prevalence rates were reported in all reviewed studies conducted in Asian countries (Hong Kong, Taiwan, and Korea). The lifetime prevalence rates for schizophreniform disorder ranged from 0 per 100 in Taiwan (22) to 0.2 per 100 in both the US ECA (18) and Puerto Rico (26) studies. If the outlying rates reported in Taiwan are excluded, all studies reported rates in the range of 0.06 to 0.2 per 100, a 3-fold variation.

- About 5% of individuals with schizophrenia will lose their life by committing suicide, typically when symptoms appear in the early stages of the disorder. 20% of individuals with schizophrenia attempt or will attempt suicide one or more times during their lifetime.

- Over 1 million Americans are diagnosed with schizophrenia every year, according to a 2019 report.The number of US adults diagnosed with schizophrenia every year averages 1.5 million.

- For young people, schizophrenia is diagnosed between 18 and 32 years old. Gender-wise, men are diagnosed earlier than women, and the average diagnosis begins in the late 20s.

- 28.5 is the average number of years lost for a sufferer of schizophrenia, putting the life expectancy for someone with the disorder at 48.78 years compared to the country's average of 77.28

- 34% and 53% of patients with severe mental illness report childhood sexual or physical abuse. 47% rate of childhood sexual abuse in a schizoaffective population and a 38% rate of sexual abuse in an inpatient psychosis population

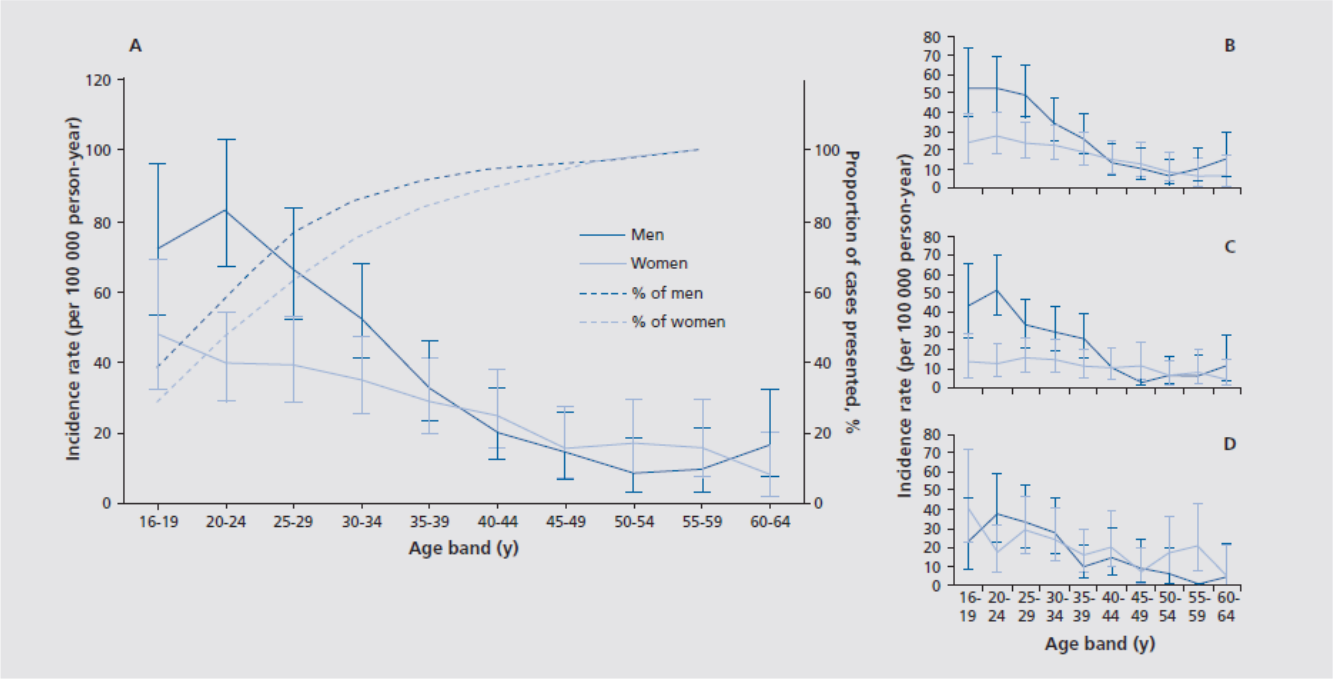


Figure 1. Incidence of psychosis in the AESOP Study.
Reproduced from ref 7: Kirkbride JB, Fearon P, Morgan C, et al. Heterogeneity in incidence rates of schizophrenia and other psychotic syndromes: findings from the 3-center Aesop study. *Arch Gen Psychiatry*. 2006;63:250-258. Copyright © 2006 American Medical Association

The risk to develop schizophrenia is composed of a biological predisposition with multi-genetic risk factors and changes in the neurotransmitter system, immunological influence factors and psychosocial risk factors. Genetic risk factors, perinatal risk factors and complications during birth could increase the probability of the disease.

Based on combined prevalence estimates, we found no significant difference (a) between males and females, or (b) between urban, rural, and mixed sites. (https://pubmed.ncbi.nlm.nih.gov/15916472/)

SECTION #8

Risk factors		
See https://www.tandfonline.com/doi/full/10.31887/DCNS.2010.12.3/sstilo?src=recsys		
Biological risks	Genetics	The heritability of schizophrenia is up to 80%. If one parent suffers from the condition, the probability that it will be passed down to the offspring is 13%. If it is present in both parents, the risk is more than 20%. Estimated heritability of 79%,
	Parental age	
Pre- and perinatal events (Pregnancy and birth complications)	Obstetric complications	
	Season of birth	
	Advanced paternal age	
	Infection	
Drug abuse	Cannabis	
	Stimulants	
Social risk	Trauma, CSA	
	Urban residence	no significant difference (a) between males

		and females, or (b) between urban, rural, and mixed sites
	high population density and poverty were risk factors for schizophrenia	
Childhood adversity	Parental loss or separation	
	Child abuse	
	Bullying	
Adult adversity	Social isolation	
	Life events	
Nutrition		
Gene-environment interaction		
Personal and sociocultural mechanisms + Life stressors	trauma	

Specific causes of schizophrenia are not known and combinations of several factors are likely to be involved. Genetic factors play a major role in the development of the disease [1], and environmental factors are also of importance. These latter factors include a history of obstetric complications, such as asphyxia [2] and prematurity [3]. Advanced paternal age is also considered to be a risk factor [4], and birth during the spring and late winter also increases the risk [5]. Prenatal viral infections [6], serious viral infections of the CNS during childhood [7], migrant status and urban rearing [8], and a lifetime history of cannabis use [9] are other well-known risk factors

Key Indicators Of Interruption Of Normal Epidemiological Indicators

2006 - 2010

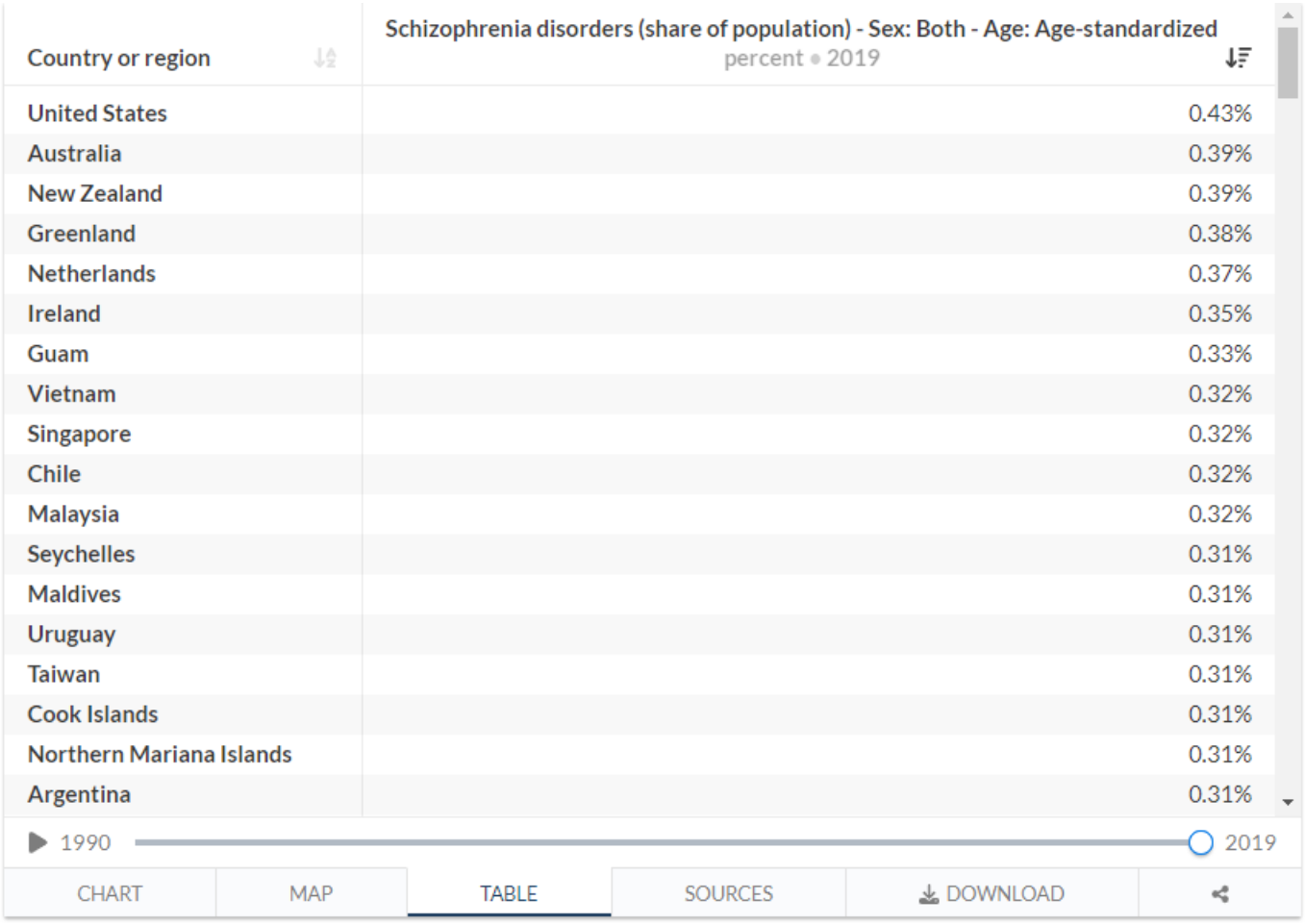
Prevalence Of Schizophrenia By Country By Age

2006

COUNTRY	15-19	10-14	25-29	5-14	50-69	ALL AGES
UK	0.05%	0.01%	0.36%	0.00%	0.42%	0.31%
Australia	0.12%	0.01%	0.65%	0.01%	0.60%	0.47%
United States	0.11%	0.01%	0.79%	0.01%	0.68%	0.55%
Canada	0.07%	0.01%	0.48%	0.00%	0.45%	0.36%
England	0.05%	0.01%	0.36%	0.00%	0.42%	0.32%
Scotland	0.05%	0.01%	0.30%	0.00%	0.36%	0.27%
New Zealand	0.11%	0.01%	0.63%	0.01%	0.60%	0.47%

2019

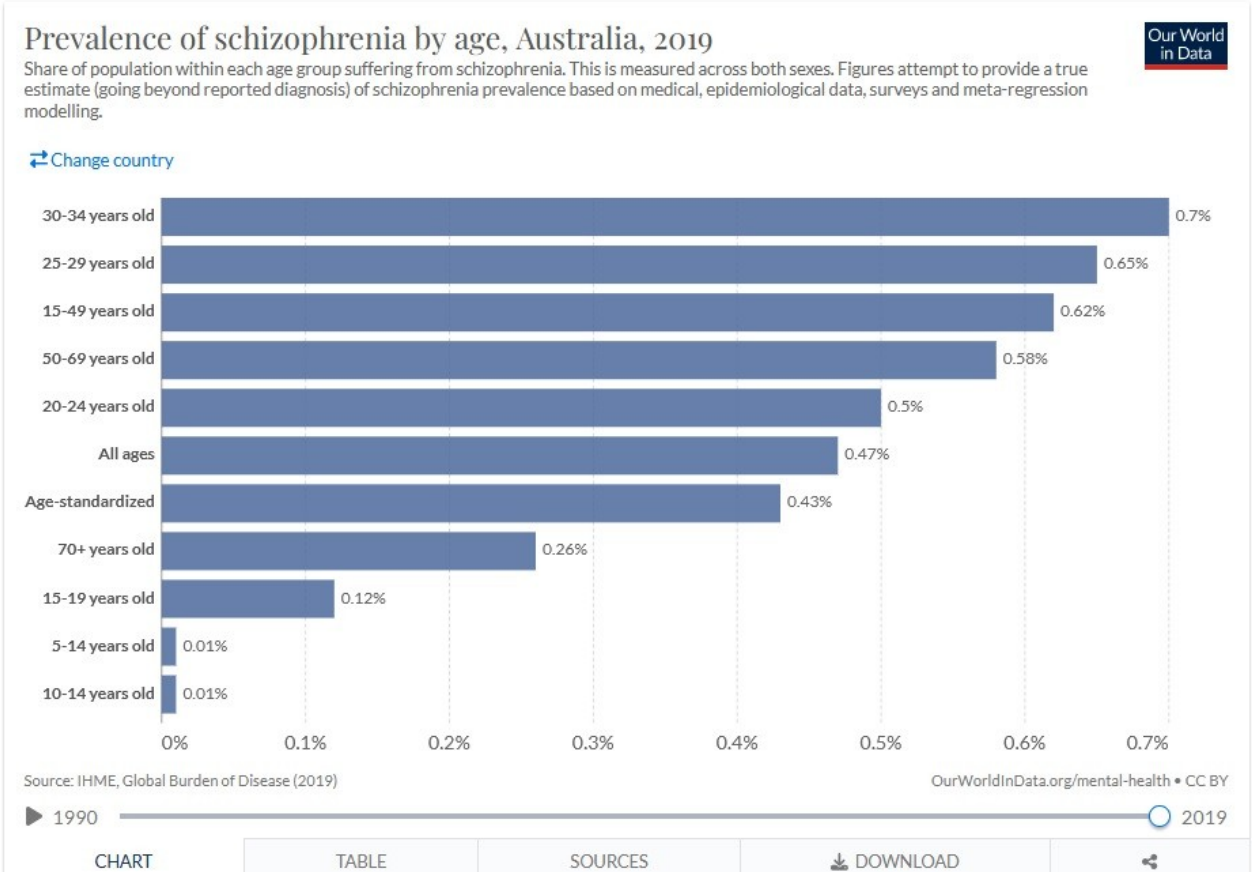
COUNTRY	15-19	10-14	25-29	5-14	50-69	ALL AGES
Australia	0.12%	0.01%	0.65%	0.01%	0.58%	0.47%
United States	0.10%	0.01%	0.71%	0.01%	0.64%	0.52%
New Zealand	0.10%	0.01%	0.63%	0.01%	0.59%	0.46%
England	0.05%	0.01%	0.33%	0.00%	0.42%	0.31%
Scotland	0.05%	0.01%	0.33%	0.00%	0.42%	0.31%
United Kingdom	0.05%	0.01%	0.33%	0.00%	0.43%	0.31%
Netherlands	0.08%	0.01%	0.48%	0.01%	0.67%	0.48%
MEAN						0.0408

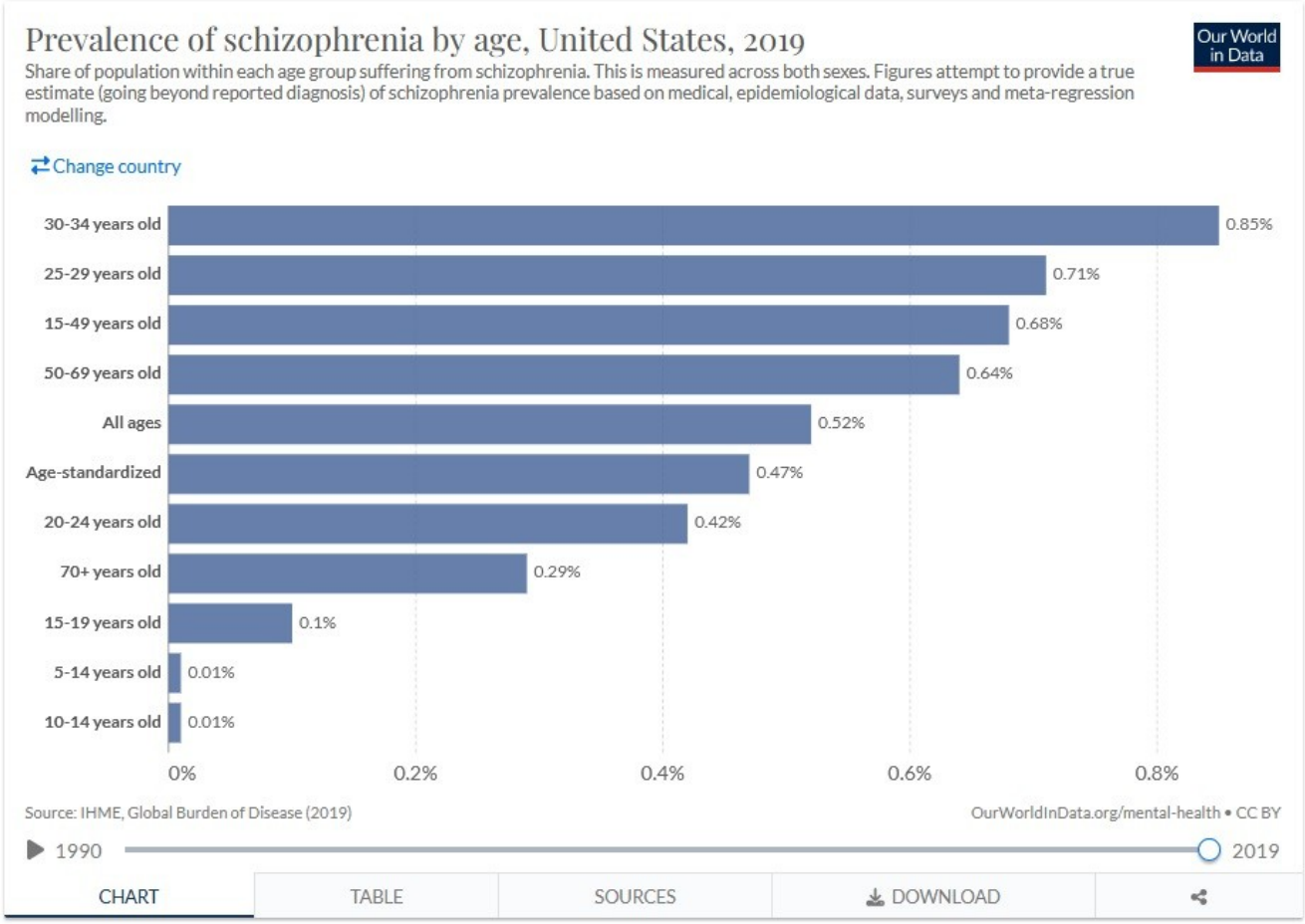


Country or region	Schizophrenia disorders (share of population) - Sex: Both - Age: Age-standardized percent • 2019
United States	0.43%
Australia	0.39%
New Zealand	0.39%
Greenland	0.38%
Netherlands	0.37%
Ireland	0.35%
Guam	0.33%
Vietnam	0.32%
Singapore	0.32%
Chile	0.32%
Malaysia	0.32%
Seychelles	0.31%
Maldives	0.31%
Uruguay	0.31%
Taiwan	0.31%
Cook Islands	0.31%
Northern Mariana Islands	0.31%
Argentina	0.31%

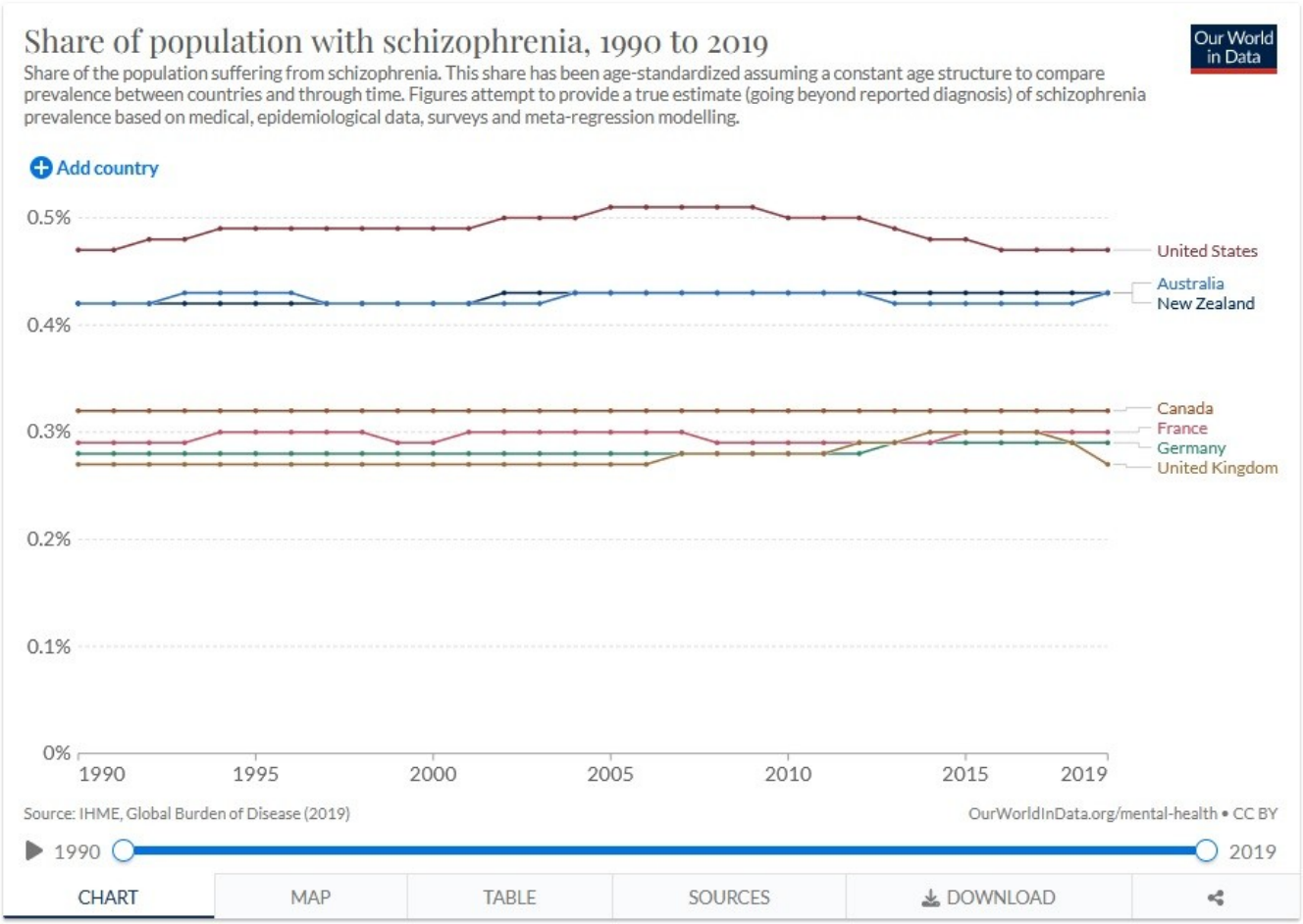
Age standardization

Age standardization is an adjustment that makes it possible to compare populations with different age structures, by standardizing them to a common reference population.

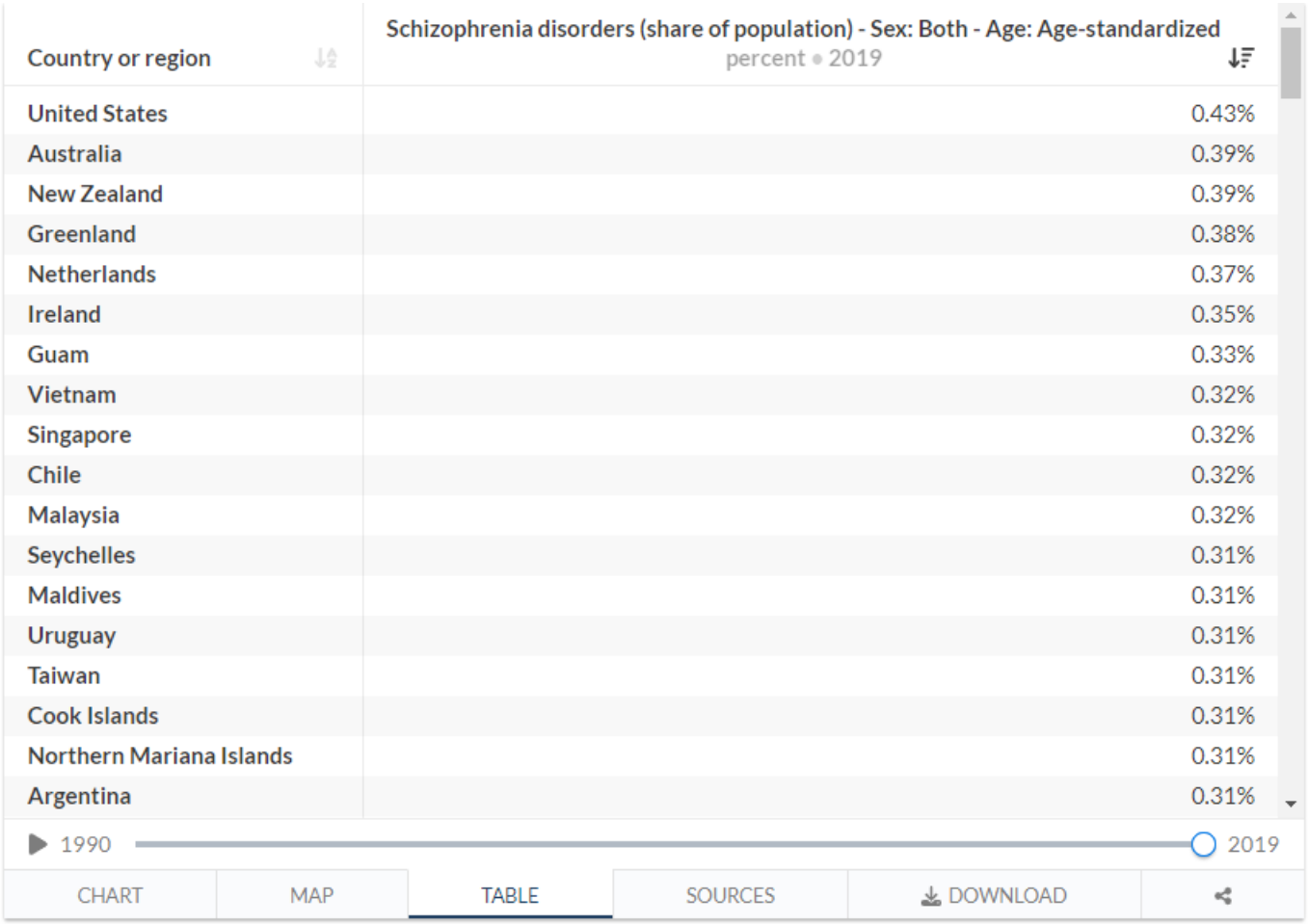




https://ourworldindata.org/grapher/schizophrenia-dalys-rate?tab=table



https://ourworldindata.org/grapher/schizophrenia-dalys-rate?tab=table



Country or region	Schizophrenia disorders (share of population) - Sex: Both - Age: Age-standardized percent • 2019
United States	0.43%
Australia	0.39%
New Zealand	0.39%
Greenland	0.38%
Netherlands	0.37%
Ireland	0.35%
Guam	0.33%
Vietnam	0.32%
Singapore	0.32%
Chile	0.32%
Malaysia	0.32%
Seychelles	0.31%
Maldives	0.31%
Uruguay	0.31%
Taiwan	0.31%
Cook Islands	0.31%
Northern Mariana Islands	0.31%
Argentina	0.31%

From: Large-scale real-world data analysis identifies comorbidity patterns in schizophrenia

Phecode	Phecode description	Number of schizophrenia patients	Number of non-schizophrenic participants	Odds ratio	95% Confidence interval	*P*-value
297.1	Suicidal ideation	775	16	51.2	(31.3, 90.2)	3×10^{-210}
296.1	Bipolar	2476	83	36.1	(29, 45.5)	2×10^{-308}
301.2	Antisocial/borderline personality disorder	200	11	18.4	(10.1, 37.5)	2×10^{-46}
316	Substance addiction and disorders	2635	182	17.6	(15.1, 20.7)	2×10^{-308}
296	Mood disorders	1369	93	16.2	(13.1, 20.3)	5×10^{-305}
300.9	Posttraumatic stress disorder	636	41	16.2	(11.8, 22.8)	5×10^{-141}
300	Anxiety, phobic and dissociative disorders	232	16	14.7	(8.9, 26.2)	1×10^{-50}
317	Alcohol-related disorders	517	39	13.7	(9.9, 19.6)	2×10^{-109}
296.22	Major depressive disorder	3406	329	13.4	(11.9, 15.1)	2×10^{-308}
301	Personality disorders	139	11	12.8	(6.9, 26.1)	2×10^{-29}

Phenomenology

Type of voice-hearing	Perceptual-sensory	Cognitive	Affective
Clinical	Frequency ↑	Perceived control ↓ Threat appraisals ↑	Content: negative (critical/threatening) Emotional distress ↑ Functional interference ↑
Non-clinical	Frequency ↓	Perceived control ↑ Threat appraisals ↓	Content: neutral/ mundane Emotional distress ↓ Functional interference ↓
Features shared between clinical and non-clinical	Volume Clarity Number of voices Localization Linguistic complexity Form of address	Levels of conviction Beliefs regarding origin Interaction/ compliance Personification of identity	–

Although affective features shared between clinical and non-clinical voice-hearing are ostensibly absent from the table, each individual's relationship with the voices heard tends to be complex and multifaceted (for example, positive interactions in the context of seemingly hostile, pejorative voices), necessitating a nuanced and individualized approach.

from person to person as well as within a single person. Frequency and duration can fluctuate from constant, daily voices to those that arise only during acute psychosis; volume can range from a whisper to shouting, although conversational levels are common; clarity can range from incoherent to sharp; a single voice can predominate, but multiple voices (up to a crowd) are possible; localization can comprise internal or external voices or both; linguistic complexity can differ, although repetition of phrases is typical; and second-person or third-person address is most likely[20,24,30,31].

Cognitive characteristics of clinical voices seemingly exhibit less variation relative to perceptual-sensory characteristics. Levels of conviction as to the veracity of voices tend to be high; there is limited perceived controllability; voices often have an autonomous, non-self quality; and beliefs regarding voice origin may incorporate a mixture of psychological and environmental factors. There is some variability in when and how patients interact and comply with their voices, but vivid personification of known (or familiar) identities is common[21,24,25].

Affective characteristics of clinical voices primarily relate to facets of content, distress and functional interference, for which there appears to be broad consistency

Set of measurements that led me to “diagnose” sociopathy:

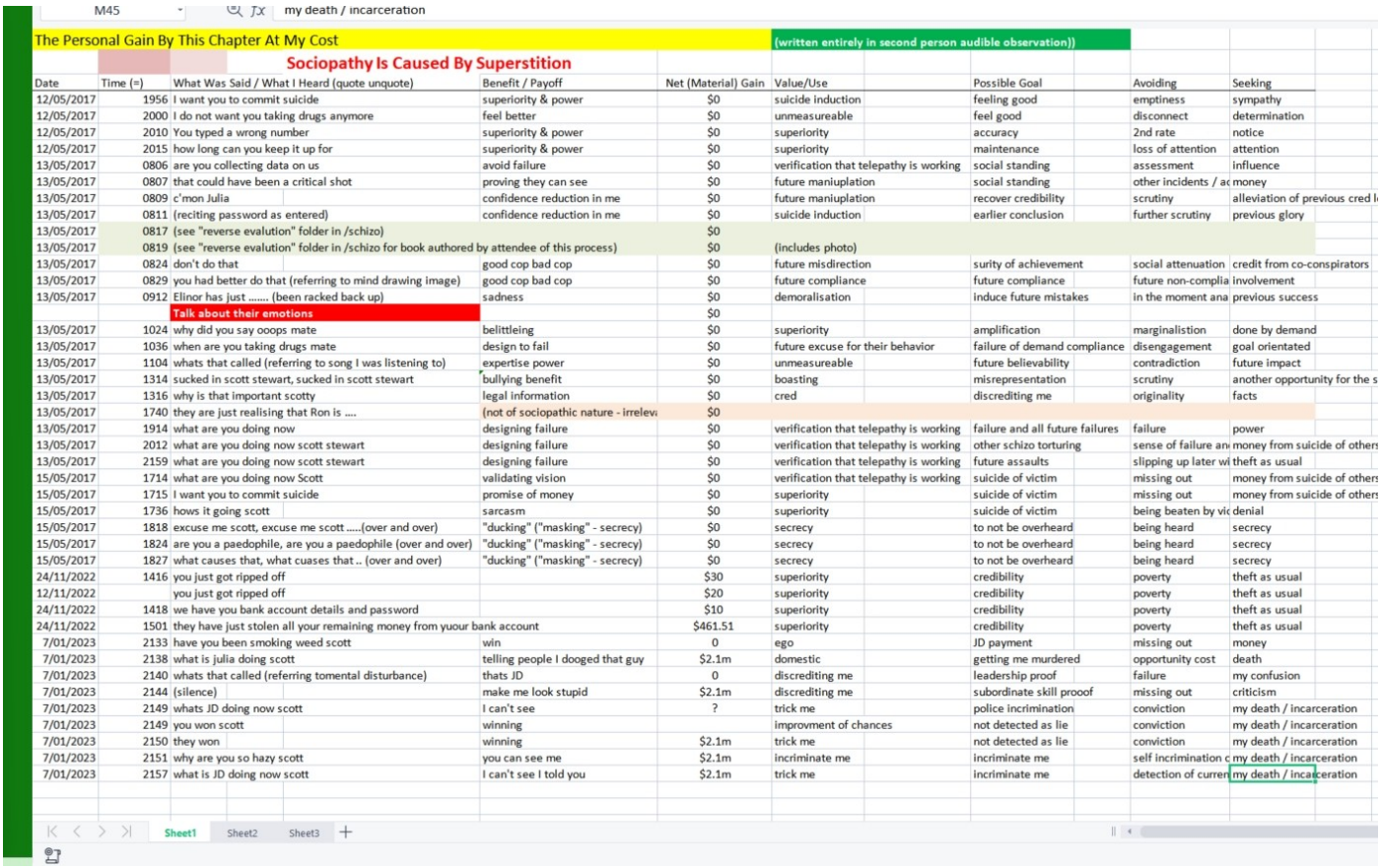
M45 | fx | my death / incarceration

The Personal Gain By This Chapter At My Cost | (written entirely in second person audible observa

Sociopathy Is Caused By Superstition

Date	Time (=)	What Was Said / What I Heard (quote unquote)	Benefit / Payoff	Net (Material) Gain	Value/Use	Possible Goal
12/05/2017	1956	I want you to commit suicide	superiority & power	$0	suicide induction	feeling good
12/05/2017	2000	I do not want you taking drugs anymore	feel better	$0	unmeasureable	feel good
12/05/2017	2010	You typed a wrong number	superiority & power	$0	superiority	accuracy
12/05/2017	2015	how long can you keep it up for	superiority & power	$0	superiority	maintenance
13/05/2017	0806	are you collecting data on us	avoid failure	$0	verification that telepathy is working	social standing
13/05/2017	0807	that could have been a critical shot	proving they can see	$0	future maniuplation	social standing
13/05/2017	0809	c'mon Julia	confidence reduction in me	$0	future maniuplation	recover credib
13/05/2017	0811	(reciting password as entered)	confidence reduction in me	$0	suicide induction	earlier conclus
13/05/2017	0817	(see "reverse evalution" folder in /schizo)		$0		
13/05/2017	0819	(see "reverse evalution" folder in /schizo for book authored by attendee of this process)		$0	(includes photo)	
13/05/2017	0824	don't do that	good cop bad cop	$0	future misdirection	surity of achie
13/05/2017	0829	you had better do that (referring to mind drawing image)	good cop bad cop	$0	future compliance	future complia
13/05/2017	0912	Elinor has just ..... (been racked back up)	sadness	$0	demoralisation	induce future
		Talk about their emotions		$0		
13/05/2017	1024	why did you say ooops mate	belittleing	$0	superiority	amplification
13/05/2017	1036	when are you taking drugs mate	design to fail	$0	future excuse for their behavior	failure of dem
13/05/2017	1104	whats that called (referring to song I was listening to)	expertise power	$0	unmeasureable	future believal
13/05/2017	1314	sucked in scott stewart, sucked in scott stewart	bullying benefit	$0	boasting	misrepresenta
13/05/2017	1316	why is that important scotty	legal information	$0	cred	discrediting m
13/05/2017	1740	they are just realising that Ron is	(not of sociopathic nature - irrelev	$0		
13/05/2017	1914	what are you doing now	designing failure	$0	verification that telepathy is working	failure and all
13/05/2017	2012	what are you doing now scott stewart	designing failure	$0	verification that telepathy is working	other schizo to
13/05/2017	2159	what are you doing now scott stewart	designing failure	$0	verification that telepathy is working	future assault
15/05/2017	1714	what are you doing now Scott	validating vision	$0	verification that telepathy is working	suicide of victi
15/05/2017	1715	I want you to commit suicide	promise of money	$0	superiority	suicide of victi
15/05/2017	1736	hows it going scott	sarcasm	$0	superiority	suicide of victi
15/05/2017	1818	excuse me scott, excuse me scott .....(over and over)	"ducking" ("masking" - secrecy)	$0	secrecy	to not be overl
15/05/2017	1824	are you a paedophile, are you a paedophile (over and over)	"ducking" ("masking" - secrecy)	$0	secrecy	to not be overl
15/05/2017	1827	what causes that, what cuases that .. (over and over)	"ducking" ("masking" - secrecy)	$0	secrecy	to not be overl
24/11/2022	1416	you just got ripped off		$30	superiority	credibility
12/11/2022		you just got ripped off		$20	superiority	credibility
24/11/2022	1418	we have you bank account details and password		$10	superiority	credibility
24/11/2022	1501	they have just stolen all your remaining money from yuour bank account		$461.51	superiority	credibility
7/01/2023	2133	have you been smoking weed scott	win	0	ego	JD payment
7/01/2023	2138	what is julia doing scott	telling people I dooged that guy	$2.1m	domestic	getting me mu
7/01/2023	2140	whats that called (referring tomental disturbance)	thats JD	0	discrediting me	leadership pro
7/01/2023	2144	(silence)	make me look stupid	$2.1m	discrediting me	subordinate sk
7/01/2023	2149	whats JD doing now scott	I can't see	?	trick me	police incrimin
7/01/2023	2149	you won scott	winning		improvment of chances	not detected a
7/01/2023	2150	they won	winning	$2.1m	trick me	not detected a
7/01/2023	2151	why are you so hazy scott	you can see me	$2.1m	incriminate me	incriminate me
7/01/2023	2157	what is JD doing now scott	I can't see I told you	$2.1m	trick me	incriminate me

Sheet1 | Sheet2 | Sheet3 | +



M45 my death / incarceration

The Personal Gain By This Chapter At My Cost (written entirely in second person audible observation))

Sociopathy Is Caused By Superstition

Date	Time (=)	What Was Said / What I Heard (quote unquote)	Benefit / Payoff	Net (Material) Gain	Value/Use	Possible Goal	Avoiding	Seeking
12/05/2017	1956	I want you to commit suicide	superiority & power	$0	suicide induction	feeling good	emptiness	sympathy
12/05/2017	2000	I do not want you taking drugs anymore	feel better	$0	unmeasureable	feel good	disconnect	determination
12/05/2017	2010	You typed a wrong number	superiority & power	$0	superiority	accuracy	2nd rate	notice
12/05/2017	2015	how long can you keep it up for	superiority & power	$0	superiority	maintenance	loss of attention	attention
13/05/2017	0806	are you collecting data on us	avoid failure	$0	verification that telepathy is working	social standing	assessment	influence
13/05/2017	0807	that could have been a critical shot	proving they can see	$0	future maniuplation	social standing	other incidents / ac	money
13/05/2017	0809	c'mon Julia	confidence reduction in me	$0	future maniuplation	recover credibility	scrutiny	alleviation of previous cred l
13/05/2017	0811	(reciting password as entered)	confidence reduction in me	$0	suicide induction	earlier conclusion	further scrutiny	previous glory
13/05/2017	0817	(see "reverse evalution" folder in /schizo)		$0				
13/05/2017	0819	(see "reverse evalution" folder in /schizo for book authored by attendee of this process)		$0	(includes photo)			
13/05/2017	0824	don't do that	good cop bad cop	$0	future misdirection	surity of achievement	social attenuation	credit from co-conspirators
13/05/2017	0829	you had better do that (referring to mind drawing image)	good cop bad cop	$0	future compliance	future compliance	future non-complia	involvement
13/05/2017	0912	Elinor has just ..... (been racked back up)	sadness	$0	demoralisation	induce future mistakes	in the moment ana	previous success
		Talk about their emotions		$0				
13/05/2017	1024	why did you say ooops mate	belittleing	$0	superiority	amplification	marginalistion	done by demand
13/05/2017	1036	when are you taking drugs mate	design to fail	$0	future excuse for their behavior	failure of demand compliance	disengagement	goal orientated
13/05/2017	1104	whats that called (referring to song I was listening to)	expertise power	$0	unmeasureable	future believability	contradiction	future impact
13/05/2017	1314	sucked in scott stewart, sucked in scott stewart	bullying benefit	$0	boasting	misrepresentation	scrutiny	another opportunity for the s
13/05/2017	1316	why is that important scotty	legal information	$0	cred	discrediting me	originality	facts
13/05/2017	1740	they are just realising that Ron is	(not of sociopathic nature - irrelev	$0				
13/05/2017	1914	what are you doing now	designing failure	$0	verification that telepathy is working	failure and all future failures	failure	power
13/05/2017	2012	what are you doing now scott stewart	designing failure	$0	verification that telepathy is working	other schizo torturing	sense of failure an	money from suicide of others
13/05/2017	2159	what are you doing now scott stewart	designing failure	$0	verification that telepathy is working	future assaults	slipping up later wi	theft as usual
15/05/2017	1714	what are you doing now Scott	validating vision	$0	verification that telepathy is working	suicide of victim	missing out	money from suicide of others
15/05/2017	1715	I want you to commit suicide	promise of money	$0	superiority	suicide of victim	missing out	money from suicide of others
15/05/2017	1736	hows it going scott	sarcasm	$0	superiority	suicide of victim	being beaten by vic	denial
15/05/2017	1818	excuse me scott, excuse me scott .....(over and over)	"ducking" ("masking" - secrecy)	$0	secrecy	to not be overheard	being heard	secrecy
15/05/2017	1824	are you a paedophile, are you a paedophile (over and over)	"ducking" ("masking" - secrecy)	$0	secrecy	to not be overheard	being heard	secrecy
15/05/2017	1827	what causes that, what cuases that .. (over and over)	"ducking" ("masking" - secrecy)	$0	secrecy	to not be overheard	being heard	secrecy
24/11/2022	1416	you just got ripped off		$30	superiority	credibility	poverty	theft as usual
12/11/2022		you just got ripped off		$20	superiority	credibility	poverty	theft as usual
24/11/2022	1418	we have you bank account details and password		$10	superiority	credibility	poverty	theft as usual
24/11/2022	1501	they have just stolen all your remaining money from yuour bank account		$461.51	superiority	credibility	poverty	theft as usual
7/01/2023	2133	have you been smoking weed scott	win	0	ego	JD payment	missing out	money
7/01/2023	2138	what is julia doing scott	telling people I dooged that guy	$2.1m	domestic	getting me murdered	opportunity cost	death
7/01/2023	2140	whats that called (referring tomental disturbance)	thats JD	0	discrediting me	leadership proof	failure	my confusion
7/01/2023	2144	(silence)	make me look stupid	$2.1m	discrediting me	subordinate skill prooof	missing out	criticism
7/01/2023	2149	whats JD doing now scott	I can't see	?	trick me	police incrimination	conviction	my death / incarceration
7/01/2023	2149	you won scott	winning		improvment of chances	not detected as lie	conviction	my death / incarceration
7/01/2023	2150	they won	winning	$2.1m	trick me	not detected as lie	conviction	my death / incarceration
7/01/2023	2151	why are you so hazy scott	you can see me	$2.1m	incriminate me	incriminate me	self incrimination c	my death / incarceration
7/01/2023	2157	what is JD doing now scott	I can't see I told you	$2.1m	trick me	incriminate me	detection of curren	my death / incarceration

Sheet1 Sheet2 Sheet3

SECTION #9 - APPENDIX

Vocabulary:

Incidence counts the number of new cases per given population per year (thus, it is a rate), and is called a flow variable in models linking incidence and prevalence.

Prevalence measures the proportion of surviving individuals who manifest a disorder at a specified time (ie, point prevalence), or during a specified period (eg, annual prevalence, lifetime prevalence). Prevalence measures the proportion of surviving individuals who manifest a disorder at a specified time (ie, point prevalence), or during a specified period (eg, annual prevalence, lifetime prevalence). Prevalence estimates are proportions, and are called stock variables in modelling exercises. Prevalence estimates are proportions, and are called stock variables in modelling exercises.

Mortality

The standardised mortality ratio (SMR), an index of relative mortality, is calculated by dividing the observed mortality in a given population (eg, the number of deaths in a group of individuals with schizophrenia over a certain period of observation) by the expected mortality in that same group (as predicted by the age- and sex-matched general population). Thus, an SMR of 2 would indicate that individuals with schizophrenia are twice as likely to die over that period of observation than the general population.

Sociopathy

Many experts consider sociopathy more of an environmental construct than a genetic one.

Yes, brain chemistry and inherited genes play a part, but parenting styles and upbringing, along with other environmental factors, carry the most weight. (Psychopathy, on the other hand, appears linked to more innate biological factors.)
Conduct disorder involves antisocial behavior that typically begins by the age of 16. Experts consider this condition a major risk factor for ASPD. Adults must show signs of conduct disorder in childhood to be diagnosed with ASPD. Someone who doesn't meet full ASPD criteria might be diagnosed with conduct disorder.

Section #10 - References

Relevant Necessarily Incomplete References (w/out style):

(3) https://www.prnewswire.com/news-releases/schizophrenia-cost-the-us-281-6-billion-in-2020--301332902.html
(4) https://www.psychiatrictimes.com/view/the-economic-burden-of-schizophrenia
(5) https://www.psychiatrictimes.com/view/lies-damn-lies-and-statistics
(6) https://www.clinicaltrialsarena.com/comment/schizophrenia-cases-undiagnosed/#:~:text=This%20forecast%20data%20demonstrates%20that,mimic%20symptoms%20of%20other%20conditions.
(7) Schizophrenia Stock Market: (5) https://www.marketresearchfuture.com/reports/schizophrenia-market-1625
(8) https://www.psychiatrist.com/jcp/schizophrenia/economic-burden-schizophrenia-united-states/
(9) https://ourworldindata.org/grapher/schizophrenia-dalys-rate?tab=table
(10) https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020141
(11) https://www.healthline.com/health/mental-health/sociopath#causes